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LECTURES
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BY PROFESSOR A. T. THOMSON.

LECTURE XXIV.

INSANITY (continued).—*Epilepsy, which may be mistaken for Insanity. Intoxication resembling Insanity. Drunkards in Scotland. The hallucinations of Delirium Tremens. Insanity resulting from Drunkenness. Diagnosis between Hysteria, Nostalgia, the Imbecility of Old Age, and the premature Senility of Youth, and Insanity. Three kinds of Insanity—Moral, Intellectual, and Incoherent. Hereditary Insanity. Discrimination between a State of violent Anger and Insanity. Pre-indications of Insanity. Case of Rau, the German Student. Opinions on Insanity delivered by Medical Men in Courts of Law. Forms in which Insanity shows itself; Mania. Perversion of Hearing, and of the other Functions of the special Senses, in Maniacs. Monomania.*

GENTLEMEN:—Among other diseases, *Epilepsy*, which is often connected with insanity, may be mistaken for it. It is a disease, which, when connate, terminates in dementia; and, even when symptomatic, if severe and long continued, it weakens the memory, and impairs the judgment; but, in many instances, it is totally free from every symptom of insanity, and, consequently, ought to be carefully distinguished from it. But it is that form of the disease which is accompanied with raving delirium, in which the face is flushed, and the patient agitated so greatly, that he attempts to escape from the apartment where he is, shouts aloud, and becomes so violent as to require the straight-jacket, that may be mistaken for real mania. This condition generally continues for two or three days, then gradually subsides, and finally leaves the patient as it found him. It is a form of the disease which sometimes occurs from metastasis, or a sudden retrocession of some cutaneous eruption; or in females, from sudden suppression of the menstrual discharge. It is, however, in long-continued epilepsy only, when, from the repetition of the attacks, the powers of the brain, the intellect, and the memory, are so weakened, that the physiognomy of the countenance seems to anticipate the termination in either mania or idiotcy, that it is most likely to be mistaken for dementia.

Intoxication produces effects closely resembling those of insanity. After a certain quantity of wine, or any strong liquor, has been swallowed, a state of real delirium ensues. "The person talks idly and unreasonably; vociferates loudly; speaks in broken and incoherent language; emits screams; swears alternately; and has no command over his actions. In this case there is an evident excitement of the brain, and the symptoms closely resemble those of a paroxysm of phrenitic mania. But, although, it must be admitted that persons who are labouring under delirium, from whatever cause, differ, at the time, from those of sound mind, inasmuch as they firmly believe the diseased perceptions and notions which are passing through their mind, and adopt them as motives of action, and expressions at variance with those of reasonable men, yet this is not sufficient to authorize their confinement in a lunatic asylum. It is true that, when intoxication becomes habitual, it is not an unfrequent cause of insanity, and even of furious mania; but in the early stages of these cases, if the exciting cause be withheld, and the convalescence be so far advanced that the patient is capable of receiving sustenance from the ordinary articles of diet, the natural vigour both of body and mind return: and when this occurs, it then becomes a criminal act to detain the objects of them longer in confinement, although the almost invariable consequence of such an enlargement, is a return to those habits which produced the temporary aberration

of judgment. After a few accessions, if the disease do not terminate in epilepsy, or death, it produces a state of confirmed fatuity. In granting certificates for the confinement of such individuals, we must be careful that the habit is proceeding so far as to threaten to render the alienation permanent; the conduct of the individual, during the intervals of temperance, must be particularly inquired into, as it is only upon such data that we can judge of the state of mind, and safely and justly authorize the restraint of confinement, In law, this species of insanity is termed *dementia affectata*; and there is a particular reference to the causes of it, in the liability of the person for the commission of any crime during its continnance."—(See *Russell*, vol. i. p. 7, 8.)

The peculiar aspect of the individual, an expression of countenance which cannot readily be described, but which is acknowledged at first sight, points out the cause of this state of temporary insanity; and, therefore, until it is found that measures taken to restrain the repetition of this fascinating vice, are wholly ineffectual, we cannot consider ourselves authorized to place the wretched victims within a lunatic asylum. If we are called to see the patient during the paroxysm, it is impossible to judge between it and a fit of furious mania, as it is never inferior to that in violence, but it is generally of much shorter duration. If, independently of the history of the case, we observe the diagnostic aspect which I have mentioned, caution, at least, is requisite in granting a certificate for the confinement of the person. In Scotland, a man who has become an habitual drunkard, and has lost all controul over his inclination, has the power of placing himself under trustees, who have the complete management of all his transactions, and can alone give them validity. This is termed *inhibiting oneself*.

In some of its effects, habitual intoxication causes a state of the brain closely allied, in every respect, to insanity; I refer to that affection which is termed *delirium tremens*.* The hallucinations attending this disease are exactly those of insanity, and are as sincerely believed: the patient sometimes thinks that he is beset by assassins; and instances have occurred, in which the efforts to ward off their supposed violence have overpowered the strength of the unfortunate individual, and suddenly terminated in death. When the delirium is completely established, the same watchfulness occurs as in insanity; and the countenance assumes an aspect of extreme anxiety. Indeed, were it not for the tremors of the hands and tongue, the working of the tendons of the wrists, the absence of malignity in his vehemence, and the knowledge of the previous habits of the patient, the diagnosis would be most difficult, between a paroxysm of delirium tremens and one of mania.

I have frequently authorised the temporary confinement of the insane from drunkenness, and as frequently have witnessed its beneficial influence; but in no instance do I recollect its having produced a permanent cure. When the habit becomes confirmed, there is rather a decline of intellect than positive derangement; no aid, in this case, can be derived from medicine; the case may be considered hopeless; the patient is exactly in the state of any other insane person, so far as regards the management of his affairs, or his power of making any legal testamentary document.

Hysteria displays itself most commonly in mobile and irritable temperaments: it occurs most frequently at that period of life when irritability is at the height; and not unfrequently is the result of mental emotions. It is unnecessary to describe the entire hysteric paroxysm; but it resembles insanity in several points. Thus, it is accompanied with watchfulness, ordisturbed sleep, terrible dreams, perverse discontent, conceits and opinions, dejection of mind, and preposterous judgment. There is often something like tædium vitæ: the persons thus affected, weep, tremble, despond, and are out of all hope; seek solitude, and preserve a foolish kind of bashfulness. "They indulge," says SYDENHAM, in his masterly description of hypochondriacal hysteria, "terror, anger, jealousy, distrust, and other hateful passions; and abhor joy, and hope, and cheerfulness, which, if they accidentally arise, as they seldom do, quickly fly away, and yet disturb the mind as much as the depressing passions do; so that they observe no mean in anything, and are constant only in inconstancy. They love the same persons extravagantly at one time, and soon after hate them without a cause; this instant they propose doing one thing, and the next change their mind, and enter upon something contrary to it: so unsettled is their minds, that they are never at rest." This painting is true to nature, as the occasional portrait of the hysterical mind. When called to a case of this kind, the medical practitioner ought to inquire, minutely, into the private history of the individual, and into every collateral circumstance connected with her family: whether this be her first, or second, or third attack; and whether insanity had prevailed in the family; whether any injury of the head had happened; whether there is any suppression of the catamina, or other customary evacuations; and the state of the mind as to grief, anxiety, or disappointment. Cases of hysteria, in which the mind is principally affected, have been not unfrequently treated as cases of mania, and the patients have been placed in lunatic asylums. Such an unfortunate

diagnosis is liable to render the disease incurable: indeed the deeper shades of hysteria border on the confines of insanity; but such cases ought never, on any consideration, to be consigned to a madhouse.

I have witnessed cases of high delirium in hysteria, which so closely resembled insanity, that unless I had been witness to the whole progress of the attacks, I must have set them down as paroxysms of furious mania. The females were women of good families, and education, and correct moral feelings; yet the delicacy of their sex was completely set aside; the language which they employed, during their ravings, was such as would have disgraced the most abandoned and lost of their sex. In such cases, inflammation of the substance of the brain is present, and the derangement of the intellectual functions can only be attributed to it; but if we venture to theorise on the disease, it is difficult to say whether the morbid appearances thus observed in the brain, on post mortem examinations, be the cause or the consequence of the attending insanity, which certainly, in these cases, accompanies the hysterical paroxysm. I will not, in this place, venture to give an opinion upon this subject; it is sufficient for me to point out the necessity of distinguishing between these temporary aberrations of reason, which subside whenever the disease to which they are adjuncts yield to remedies, and permament insanity, which they simulate. In a medico-legal point of view this is a matter of the utmost importance; and nothing would lower medical character so greatly, as to send into confinement, as a furious maniac, an individual labouring under a paroxysm of hysteria.

If *hypochondriasis* may be confounded with melancholia, that disease which has been termed *nostaglia* is much more likely to be so; and when this occurs, and confinement in a lunatic asylum takes place, death is the inevitable result. In no disease is the influence of mind over body so strikingly displayed as in nostalgia. Without employing a metaphor, "the worm of mental malady," as Dr. JOHN REID beautifully expresses himself, "may be gnawing inwardly, and undetected, at the root of the constitution," whilst the physician is solely occupied with some obvious and superficial symptom. In this disease the power of intellect over organized matter is most striking; and it is fully demonstrated in the condition of the lungs and liver, when the fatal termination of the disease affords an opportunity for the examination of those organs. The small influence of materia medica, and pharmacy, in affording remedial agents, is thus displayed; and a proof, if any were required, is presented of the inseparable connexion between moral science and the healing art. This combination is essential for the knowledge of mental alienation; and particularly so for the discrimination of nostalgia, as it is frequently, although not always, in the highest and most cultivated persons that it displays itself, "the mind, in proportion as it is expanded, exposing a larger surface to impression." This, however, is not always the case. I once saw the disease in a Scotch artisan; and Mr. DUNLOP, in a note published by Dr. BECK, states, that the only cases of the disease which he ever met with, were two:—one in a recruit, a country lad, from the fens of Lincolnshire, "who died," says he, "under my charge, on his passage to Canada, in the year 1813; and the other, in a London pickpocket, whom I saw this year, 1824, in the hulks at Sheerness."

Nostalgia may be mistaken for melancholia, by the restlessness and want of sleep which accompanies the disease, and the strong tendency to selfdestruction which attends it when the desire of revisiting the country which is longed after, cannot be accomplished; life becomes then a burden, and the tædium vitæ leads to real insanity, terminating in suicide. From what has been said, the necessity for distinguishing nostalgia from insanity, when the distinction may prove serviceable, must be sufficiently obvious.

The last condition of the body which may be mistaken for insanity, is the imbecility of old age. Man, in his course of life, seems to describe a circle, or to perform his course in an orbit, so that when it is naturally completed, he returns to the point from which he set out. In this state the mind itself seems incapable of any progression; it lives upon its acquired stock of ideas; and is even so weakened that the person becomes unfit to manage his affairs, and he must be treated either as a child, or as a lunatic. Although, however, in such cases, the law may rightly appoint trustees to manage the affairs of individuals, yet it is necessary that a proper distinction should be made between such cases and insanity, for while property should be protected, personal feelings must also be respected, and every person shielded from oppression or injustice.

And there is another state which also verges very closely on insanity—that which often accompanies the premature senility of licentious youth. In the life of some men there is no manhood,—the day of their career has no noon: their morning, warmed by the scorching sun of excess, is followed by the exhaustion of evening, and the foundation of intellect is sapped before the superstructure is half completed. Still this is not *real* insanity; and the law does not permit the confinement of such persons, although their property may be placed in the hands of trustees, in the same manner as

that of a lunatic. This protection rests entirely with the medical evidence by which the decision, in any legal investigations connected with such a condition of a patient, must be determined. When insanity really occurs in old age, or when it accompanies premature age, such as I have described, no treatment, either moral or physical, can remove the disease; the disorder of the faculties, in such a case, is not likely to terminate, except in the quiet of idiotcy, in vacant superannuation, and in their complete extinction in the calm of death.

Such are the topics, Gentlemen, to which I have thought it necessary to direct your attention, as prefatory to the consideration of insanity in a medico-legal point of view, upon which we are prepared to enter. It is now proper that I should put you in possession of the knowledge of those symptoms for which you must look, in order to enable you to pronounce any person to be in a state of unsound mind. But before doing so, I must state broadly my opinion, that medical practitioners, in setting aside altogether the ideas of diseased mind, and observing closely the influence of physical causes on the mental powers, have fallen into the error of ascribing too much to the condition of the body in mental disorders. There can be no doubt that there are three kinds of insanity, namely:—

1. *Moral*,—which consists in a perversion of natural feelings, inclinations, and tempers, or moral dispositions, and which exists without notable derangement of intellect, or the reasoning faculties, and without any maniacal hallucinations.

2. *Intellectual*,—in which hallucinations are present, which the insane person believes to be real, however repugnant to experience or common sense, under which belief he acts as if they were real.

3. *Total*, or *incoherent insanity*,—in which the understanding of the person is lost in the turbulent hurry of ideas which crowd upon him, which seem to defy the power of utterance, whilst his habits betray a corresponding degree of restless activity and extravagance. The ideas are generally isolated, unconnected, and evanescent; and the judgment seems wholly lost. Insanity, therefore, consists either of a morbid perversion of feelings, affections, and habits, or in such a disturbance of intellect as produces hallucinations which are believed as truths, or a state of mental incoherence.

One of the first inquiries in a case of mental alienation, whatever character it may assume, is into the history of the family of the person supposed to be insane; and, in particular, whether any hereditary taint exists in it? It has been seriously doubted whether insanity be hereditary; but the most correct observation and experience have verified the hereditary character of the disease; it is a poison which has, unfortunately, mingled with the stream of population in this country, and it is impossible to anticipate the extent to which it may flow. The difficulty of determining this point, however, is very great; the disease may remain latent through one generation, and appear in the next with augmented force; the hereditary character, however, refers rather to the tendency, or predisposition, to the disease, than to the malady itself; a greater susceptibility to those impressions which are likely to rouse it into action.

That the predisposition is transmitted, is a fact which admits of no doubt; and it constitutes an important feature in the history of the disease. This hereditary tendency, you ought to know, is more general among the opulent than the poor classes of society. M. Esquirol ascertained that, in the *Salpètrière*, out of 351 cases of common people, 105 only had the disease by inheritance; whilst in 264 cases of opulent patients, 150 were hereditary. The same physician remarked, that the disease is apt to show itself in different individuals of a family at particular periods of life, and in all of them under a similar character. But, independently of an hereditary tendency, the disease may, undoubtedly, arise *de novo*, and the nervous system may be rendered predisposed to it by any powerful impression. Many cases of this kind occurred during the period of the French Revolution.

This hereditary tendency may exist to a great degree, and yet insanity may not appear, particularly if the regimen, the moral habits, and the pursuits of the individual be such as are unfavourable to the excitement necessary for awakening the malady, the seeds of which, as it were, lie concealed in his constitution. When, however, the reverse of this happens, and circumstances occur to operate as exciting causes upon a habit predisposed to insanity, the eccentricities that indicate the approach of the disease, and upon which you may be sometimes called to decide, will lead you to give a more cautious diagnosis than you would otherwise hazard, if you were not aware of the hereditary taint in the family of the individual. Let us take an example,—a patient feels occasional pain, or a sense of fulness, in his head; he becomes incapable of confining his attention; neglects his accustomed employments; is sleepless; loquacious; and, contrary to his usual habits, decides positively upon every subject that is started; is impatient of contradiction, and scorns reproof; if, at the same time, he supposes that offences are offered to him, and injuries inflicted, and plots contrived against him, which were never thought of by any other person; if he seem confused and wandering in his manner, like a half-intoxicated man, and speak with

eagerness and impatience, as if the ideas were not only too rapid for his utterance, but had crowded into his mind in a state of confusion; under such circumstances the approach of insanity may be strongly suspected. Still, in such a state, you may justly hesitate in pronouncing that the person is insane; but this hesitation will be greatly lessened if you are made aware that any of the branches of his family have been insane. In such a condition of body, also, we must carefully inquire into any change in the habits of the person, whether he have lately indulged more freely in the use of wine; if, from having been abstemious, he now drinks freely; if, from being reserved and modest, he talks boldly; is not backward in entering into society, from which he refrained; acts obscenely, and tempers his wit and vivacity with unusual oaths,—and displays violent gusts of passion. Upon such evidence we can have little doubt that, if not really present, the approach of insanity is near. It is seldom, however, that a physician is required to deliver an opinion in this stage of the disease; I say the disease, for the malady, although not very obvious to ordinary observers, already exists. It is true, that the extravagancies of eccentricity may be so great, that it is extremely difficult to discriminate between them and insanity; and the family of the insane person is always disposed to regard the precursory symptoms of insanity rather as eccentricities, as sallies of humour, than what they really are; thence the disease is permitted to advance to its perfect and fully-formed state, and health, fortune, and character, are on the brink of ruin, before any medical opinion, or any proper care of the madman be taken. It is at this period, then, that you are most likely to be required to authorise confinement and restraint, or to confirm the truth of the allegation of insanity, when it becomes an object of medico-legal inquiry.

The approaches of insanity, however, are not always so progressive as the description which I have given you would lead you to presume. The patient is sometimes seized in a moment; the disease assumes at once its true character, and crimes are perpetrated, under such circumstances, which baffle both the discriminating judgment of the physician and the decision of a court. The state which is most likely to be mistaken for this sudden accession of disease is anger, under the influence of which crimes are often perpetrated, which receive pardon, from the conviction that the plea of insanity, which is set up, is well founded; it, therefore, behoves you to be able to point out the distinction between ungovernable anger, and the delirium of a sudden accession of mania.

Anger is not confined to man; the instinctive feeling of self-preservation, which probably is the origin of the passion, is felt even by the insect, who returns injury for injury; and in the human species, equally by the weak and the strong,—the child and the man,—the peasant and the philosopher. There is, generally, some real injury, or some supposed injury, before anger is roused; a state of suffering is inflicted, either bodily or mental, which awakens in the person sentiments of the most lively kind, to remove it; and, to effect this, the passion is roused, to make the offending person feel the power of the sufferer, and to know that the vengeance is equivalent to the injury. The degree of anger which is thus roused, is regulated greatly by the temperament of the individual; in some persons the slightest causes raise great turbulence of spirits and ebullitions of blood; in others, these states are not produced by the greatest injuries; in some, the passion is overpowering, and terminates like the tornado; in others, it continues after the agitating cause has ceased, gradually subsiding, like the swelling billows, after the storm has spent its fury. Let us examine, physiologically, the effects of this passion on the individual, so as to be able to compare it with those of the delirium of insanity.

There are two distinct states of anger, which are known by the terms *burning anger*, and *pale rage*.

In the first, *burning anger*, the heart and arteries are excited to inordinate action; the blood is propelled with violence to the surface of the body; thence the sensation of burning heat which is experienced; the face becomes flushed; the eyes sparkle; the breathing is convulsed and irregular; and, as the muscles contract, as it were, with clonic action, the blood cannot return readily to the heart, and, consequently, the veins of the face and of the neck swell, grow tumid, and seem ready to burst; the teeth are firmly set, from the spasmodic contraction of the masseter muscles, and the whole physiognomy assumes that aspect which fully justifies the adage—"Ira furer brevis est;" yet this state is not insanity.

In the second, *pale rage*, the reverse of this state, occurs; a deadly-pale and livid hue overspreads the face, the features shrink, the skin is corrugated, the eyebrows are knit, the eye has a dull, rather than a fierce, character, the blood is congested upon the interior, and the passion seems stifling itself.

Now, in either of these states, although the terror of public shame, and of punishment, be thrown out of view in the excess of the passion, yet it immediately occurs after the crime which results is perpetrated; the sudden and associated thought of personal danger calms the furor; but this is not the case in the criminal who has been impelled to the deed of blood by the sudden

ebullition of insanity; and this affords one point of comparison in forming a diagnosis, independently of those signs which I will point out in describing the paroxysm of mania. In the *angry* man, the recollection of the crime produces serious and deep reflections; in the *madman*, when the delirium subsides, instead of being reflective, he becomes gay and social, he remains unaffected by the act, ungoverned by reasonable conclusions. Sometimes all recollection of the act vanishes. A powerful man, who had been subject to epileptic atttacks, when these subsided became suddenly furious, and during the transports of his disorder murdered two children and a woman. For this act there appeared to be no motive. He was confined in a lunatic asylum, and remained tranquil, and did not discourse irrationally; and when questioned regarding the murder, replied that he knew nothing of it, that some person had informed him of his crime; but he had no more memory respecting it than if it had been committed in his sleep. I must not be misunderstood in using the term sudden accession of insanity. It sometimes occurs without any obvious exciting cause; but, in these instances, there is generally a predisposition to the disease, some hereditary taint; more commonly, however, before such furious paroxysms take place, as resemble a sudden ebullition of violent anger, many symptoms, that indicate the approach of the disease, display themselves; but they are too frequently either overlooked, or the relations of the patient oppose themselves to those measures which, if timely adopted, would generally prevent the evils that are vainly lamented when it is too late to avert them.

An excellent illustration of this remark is quoted by Sir Alexander Crichton, in his inquiry into mental derangement, from the third volume of the *Psychological Magazine*:—

"Among the students of theology at the University of Leipsig, there was one of the name of Rau. His studies were chiefly directed to the Revelations of St. John, in the reading of which he took much delight. He did not at first choose to venture alone into this labyrinth of holy mystery, and he unfortunately selected as his guides, two celebrated enthusiasts. Bengel and Crusius were his torch-bearers. When his imagination became heated by sublime pictures, which were presented to his mind, he began to try if he himself could not develop the visions of the holy saint. He thought himself happy in his first attempts, and his imagination being once on fire, he could not discover that his explanations were gratuitous and unfounded. He arrogated to himself the praise of uncommon penetration, and at last he believed himself inspired. The natural consequence was, that he could not endure those who differed from him in opinion, he neglected the common duties of his station, and became passionate and morose. He thought himself superior to the rest of mankind, because the treasures he had found in the sacred writings seemed to be concealed from all but himself. It was not, therefore, to the natural powers of his understanding, he imagined, to which he was indebted for these lights, but some supernatural gift with which he was endowed. Every one knows, however, that it is the duty of him who is preternaturally enlightened to disperse the rays of wisdom as widely as possible. No sooner did he find the divine call within him, than he preached his opinions openly. The last sermon he ever delivered ended with these remarkable words:—'He who believes not in witches does not believe in the devil; he who believes not in the devil does not believe in God; he who believes not in God shall be damned.' Upon this the magistrates of the town wished to confine him in some place of safety; but at the entreaties of his father he was permitted to remain under his custody.

"Rau began to be ashamed of what he had done, and refused to go out of the house. He at last appeared, however, to grow better, and was prevailed to take short walks; and he expressed to some friends who visited him a strong desire of being restored to his wonted powers of mind, in order that he might recommence his studies. On the 4th of August, 1779, being the day after his friends visited him, the neighbours were much alarmed on hearing Rau abuse his father. Upon knocking at the door he opened it, and allowed them to come in; the father lay on the floor, weltering in his blood, murdered by his son, who had stabbed him in fifteen different places, and cut his throat. Rau walked backwards and forwards to the window, agitated, alternately, by contrition, the consciousness of his crime, and ebullitions of insanity. At one moment he accused himself of having committed so horrible and unpardonable an offence; at another, he denied his having murdered his father, saying, it was an old Jew and a Turk whom he had killed. Upon being asked in the court of justice, what his name was, he answered, that he believed he had never been baptized; neither did he consider the man whom he had killed as his father, because he did not resemble him. Before he went out of the court, he said, that he formerly had studied the 'Revelations of St. John,' but that now he had nothing to do with them; yet he never showed any marks of contrition while in prison, nor did he utter any of his former opinions.*"

In this case the selfconceit, contempt for the prevailing opinions of the world, pride,

* An Inquiry into the Nature and Design of Mental Derangement. By Alexander Crichton, M.D. Vol. II., p. 59.

and irrascibility of the lunatic were sufficient indications of approaching insanity; and it would be fortunate for the welfare of society were the limits between real religion, and that fanaticism which leads to absolute frenzy, more distinctly and generally perceived.

Let us now suppose that the disease actually exists, or that it is supposed to exist, and that you are called to determine the point. What are the proofs which should lead you to pronounce the presence of actual derangement?

To enable you to pronounce in either way, the disease, in the first place, must be thoroughly understood. The physician ought not to come into court, should this be necessary, merely to state opinions, but be fully prepared to support those which he advances, and to give the reasons which have influenced his decision. He must, also, be prepared "to submit his opinion to the comprehension of the ordinary persons who are to appreciate his deposition." In delivering his opinion, that the irregularity of the actions of the supposed lunatic can be accounted for only by admitting the deranged state of his mind, the physician must, also, be prepared to prove that the state of insanity is sufficient to account for these; and that, in a sound mind, the impulses by which he is goaded for the accomplishment of his purposes, although they cannot be traced and explained, yet would not have operated in the same degree. To perform this duty in a satisfactory manner, the medical man must look at the prominent and most characteristic features of the disease, both as these increase his own acquaintance with it, and enable him more easily to convince others that he possesses such an intimate knowledge as alone can give weight and importance to his opinions regarding it. He must, also, always bear in recollection that, in the eye of the law, two witnesses deposing *sanæ menti*, are preferred and believed before a hundred touching fury and madness: thence the necessity of being able to put forward the most prominent points which establish the fact of the existence of the disease. What are those points?

In the first place, the practitioner must distinguish the variety of forms in which the disease shows itself, whether as *mania, melancholia, dementia,* or *idiotism.* The two first only, strictly speaking, are madness; the third is mental alienation from functional disease of the brain, and, in common with the two former, deprives the unfortunate object of it of the controul of his person and property; the fourth, although usually classed with insanity, is evidently a distinct species: not a derangement of mind, but the deficiency of intellectual power; congenital, not acquired. The legal division, as formerly stated, is somewhat different, as the following quotation from LITTLETON will explain:—"Non compos mentis," says LITTLETON, "is of four sorts;—1. Idiota, which, from his nativitie, by a perpetual infirmitie, is non compos mentis; 2. He that by sickness, grief, or other accident, wholly loseth his memory and understanding; 3. A lunatique that hath sometime his understanding and sometime not, aliquando gaudet lucidis intervallis, and, therefore, he is called non compos mentis, so long as he hath not understanding. Lastly, he that by his own vitious acts for a time depriveth himself of his memory and understanding, as he that is drunken."

Mania, considered in a medico-legal point of view, "annuls a man's dominion over property; dissolves his contracts, and other acts, which in his sane state would be binding; and takes away his responsibility for crimes." In a medical point of view, it may be described as "a state of mental alienation, accompanied by turbulence and unusual ferocity in language and deportment, and by a comparative insensibility to ordinary stimulants." From this description it is evident that the most striking features by which actual mania is to be recognised, are displayed in the physiognomy of the affected person, the condition of his nervous system, and the perverted state of his ideas. The physiognomy of mania consists, chiefly, in a peculiar cast of countenance, which is familiar to those conversant with the malady, but not easily described; it is something which seems to involve gloom, suspicion, and ferocity. There is a wildness in the eye, which is protruded and glistening; it has a wandering motion in every direction, in a manner peculiarly disagreeable to a beholder; sometimes, however, it is sunken and dull, fixed upon some object for hours together, or bent on vacuity; or, it seems to follow some phantom which is evidently present to it. During a paroxysm of high delirium, the eyes appear as if firmly pushed forwards, and the iris contracted. With this construction of the pupil, we often find a condition of the scalp, which, although it be not strictly physiognomical, may be mentioned here. It is "a relaxation of the integuments of the cranium, by which," says Dr. HASLAM, who first noticed it, "they may be wrinkled, or, rather, gathered up by the hand, to a considerable degree." The gait of the maniac is quick and hurried; yet, frequently, he steps aside suddenly and turns round, but not as if to regard any thing; but more in the manner of an absent man. The prevailing complexion of maniacs is swarthy, and when not naturally so, it soon acquires this hue. "Out of 265 maniacs who were examined, 250," says Dr. HASLAM, "were of a swarthy complexion, with dark or black hair; the remaining 60 were of a fair skin, and light-brown or red hair. Along with these phy-

siognomical characters, although the look is often fierce, and they are boisterous, yet they are frequently almost instantly subdued by the fixed gaze of a decided person, for pusillanimity is a remarkable trait in the character of the insane." During the paroxysm, the action of the body is violent and vigorous, with great exertion of muscular strength; they remain awake for many days and nights together, talking incessantly, sometimes in the most boisterous manner; then, suddenly lowering the tone, they speak softly, and in a whisper, varying the subjects, and passing, in the most incoherent manner, from one subject to another totally unconnected with it. This watchfulness, nevertheless, does not produce a dull and sunken state of the eye, as in cases of sanity worn out by watching, but it remains sparkling and protruded. There is, finally, a systematic dignity in mania, which never can be imitated by the most expert mimic, and is peculiar to this disease.

The obvious characteristics of mania depend on a change produced on the nervous system. Owing to this there is frequently a great indifference to food, and the want of it can be sustained for a very long time, without any apparent inconvenience. At other times the appetite is voracious, and every thing is swallowed which comes within the reach of the lunatic. From the same condition of the nervous system, maniacs are able to endure greater degrees of heat and cold, and more sudden alternations of temperature, with impunity, than sane people; this does not, however, secure them from the usual effects of severe cold; indeed, they are very liable to mortification of the toes in winter; but, at the same time, they suffer less pain than sane persons under the same circumstances. There is, also, a general insensibility to external impressions, probably, in part, attributable to the great mental excitement absorbing, as it were, the whole of the attention; and it is not unlikely that the deficiency of memory, which is so remarkable in maniacs, arises from the same cause. This defect of memory is, indeed, one of the most striking features of the disease, and is beautifully alluded to by our immortal dramatist, whose keen observation no state of human nature, whether diseased or healthy, escaped. HAMLET, in his interview with his mother, is accused by her of madness, when he desires her to look at the ghost, visible only to him. The queen says,—

"This is the very coinage of your brain:
This bodiless creation, extasie
Is very cunning in.
"HAMLET. Extasie!
My pulse, as yours, doth temperately keep time,
And makes as healthful music. It is not madness
That I have uttered: bring me to the test,
And I the matter will RE-WORD, which madness
Would GAMBOL FROM."

Besides this altered state of sensibility, there is an evident perversion of sensation. This accounts for the *tinnitus aurium*, and the delusions connected with the organ of hearing, which are such constant accompaniments of mania. The conversations which the celebrated TASSO held with his familiar spirit, can be accounted for on this perverted condition of the faculty of hearing, and nothing is more common in most of the cases of mania.

It is this state of the ear which often leads to suicide, the unfortunate victim of it imagining that he hears the devil tempting him to self-destruction. One of the most curious cases of perversion of ideas connected with hearing, although it did not lead to self-destruction, nor seems to have affected hearing, is related by Dr. HASLAM, in his *Observations on Madness*.

"The patient was a well-educated man, about the middle age; he always stopped his ears closely with wool, and, in addition to a flannel nightcap, usually slept with his head in a tin saucepan. Being asked the reason why he so fortified his head, he replied, 'To prevent the intrusion of the *spirits*.' After having made particular inquiry concerning the nature of these beings, he gravely communicated the following information:—"Sir, you must know that in the human seminal fluid there are a number of vital particles, which, being injected into the female, impregnate her, and form a fœtus of muscles and bones. But this fluid has other properties, it is capable of itself of producing vitality under certain circumstances, and experienced chemists and hermetical philosophers have devised a method of employing it for other purposes, and some the most detrimental to the condition and happiness of man.' In this manner he proceeded, stating, that 'the agents of princes preserved semen in rum, and poured it into the ears of those on whom they wished to perform devilish experiments, and there they engendered sprites, who insinuate themselves into the brain, and, becoming acquainted with the secrets of the mind, carry them off to those to whom the semen belongs. In this manner,' said he, 'I have been defrauded of the discoveries that would have entitled me to opulence and distinction, and have lived to see others reap honours and emoluments for speculations that were the genuine offsprings of my own brain.'"

It is scarcely necessary to say that the *eye* is also affected, and the hallucinations are usually connected with objects of sight. An illustration of this occurred in a patient who was long under my charge. He was the son of a distinguished and highly-talented dignitary of the Church, and although he had a complete belief that he was the king of Great Britain, yet he had as firm a conviction that his father was always seated at the window of an opposite

house watching his movements. "There," would he say, "sits the old boy,—he does not think that I see him." When reminded by me that he could not be king and the son of his father, he would look at me for a few minutes, as if cogitating the question, and then walk off with the usual elevated carriage which he believed to belong to his kingly dignity.

Smelling and *touch* are equally depraved in mania, of which many curious instances might be adduced, were it necessary.

But mania does not always present such features; the permanent delirium is sometimes confined to one object; thence the disease is termed *monomania*. In this form of the disease, when the delirium returns at intervals, instead of running on in the same strain day and night, the paroxysms appear periodically; at other times the individuals seem reasonable, save when conversing on subjects within the sphere of their delirium; and it is in vain to endeavour to perceive their insanity, unless we accidentally, or intentionally, (if we are aware of the subject of their delusion) touch upon the chord of the mind which is unstrung. In many instances, however, this species of the disease is connected with the same irregular, often-desponding condition of mind which exists in moral insanity. In others nothing of the kind is perceptible. A case which occurred in the Prerogative Court of Canterbury is illustrative of this fact.

The individual in question was a sensible, clever man, amassed a considerable fortune by his profession, took good care of his property, and conducted himself so well in general, that several of his friends and acquaintances, some of them medical persons, never even suspected that he was deranged in mind. He was, however, a man of violent and irritable temper, and his insanity turned on a high notion of parental authority. He had an amiable and accomplished daughter, dutiful, modest, virtuous, affectionate, moral, and religious. This girl he was in the habit of tying to the bed-post, flogging her with unmerciful severity, applying brine to the wounds, pulling her hair out by the roots, and compelling her to perform the meanest drudgery. Although this person was capable of managing his affairs, yet he was properly declared to be "non compos mentis."

LECTURES
ON
MATERIA MEDICA AND THERAPEUTICS,

NOW IN COURSE OF DELIVERY

AT THE

WINDMILL-STREET SCHOOL OF MEDICINE

BY

GEORGE G. SIGMOND, M.D.

Lecture XII.

THE DEADLY NIGHTSHADE. BELLADONNA. —*Localities of the Plant. Its Names. Ancient Knowledge of its poisonous Qualities. Characters of the Plant. Poisoning with the Berries; quantity necessary; symptoms; consecutive effects. The Extract of Belladonna. Circumstances which affect its Strength. Other Preparations. Battley's. Atropine, the principle of Belladonna. Discrepancies in Accounts of its Analysis. Medicinal Qualities of Belladonna. Its effects on the Eye. Belladonna in Scarlet Fever. Important Rank which it holds in the Materia Medica of the Homœopathists. Rise and Progress of Homœopathy. Biography, Character, and Persecutions of Hahnneman. Ignorance among his Disciples of his Doctrines. Defence of the established Principles of Practice. Hahnneman's mode of Study and his Principles. His discoveries respecting Belladonna.*

GENTLEMEN,—The atropa belladonna, or the deadly nightshade, is well worthy of your attentive consideration. It has many points of interest, and although you may not derive from its powers all the assistance, in the prosecution of your profession, that I have led you to expect from either of the narcotics whose use I have explained to you, yet there are some circumstances which render it well deserving of your notice, both in a medicinal and in a toxicological point of view. As a soporific it certainly cannot be ranked either with opium or hyoscyamus, nor would I recommend it to your use when your sole object is to produce sleep; nor is it so well adapted for the vast number of diseases in which I have taught you to expect relief from those other sources. There are many states, however, in which it is highly serviceable, and some local and constitutional disorders, in which you will find it to possess considerable energy. Its poisonous effects are particularly interesting to those whose profession may hereafter be exercised in the country, for scarcely does an autumn pass, but we hear of some instances of children

who, tempted by the beauty and by the sweetness of the taste of the berries of the deadly nightshade, which ripen about the month of September, are led to partake of them, and, consequently, to experience the most excruciating torments, and, where relief is not speedily procured, frequently to fall victims to their ignorance.

This plant is a native of Great Britain; it is perennial; it flowers about June and July; it grows generally in shady lanes and hedges; it abounds amongst old ruins. So luxuriantly does it spring up about the ruins of Furness Abbey, that the valley is known by the name of the Vale of Nightshade. It used to grow in the immediate vicinity of London. GERARDE found it growing "without Highgate, near unto a pond, or penfold, on the left hand." Such have been the changes since the days of our old herbalist, that this topographical description is of no service to us. RAY mentions it as growing in a ditch, at the end of Goswell-street, in the road to Islington; and, singularly enough, in the *Annual Register*, in the year 1762, there is an account of the death of two persons, with the following caution from Dr. HILL:—"This plant is now a quarter of a yard high, and has an aspect so inviting, that one almost wonders how nature gave to it a poison. It has invited many to boil it, and 'death was always in the pot.' RAY mentions it growing there; it has been thought lost in that place, but I fear these unhappy persons have found it." I can bear testimony to its existing twenty years ago in a spot where our other old herbalist described it as growing, namely, in the fields at the back of *Jesus College*, Cambridge.

It has had a vast number of appellations. PARKINSON and GERARDE both call it "Solanum lethale," and "Dwale," by which latter name it is, even now, known in a great number of English counties. MATHROLUS calls it "Solanum majus;" so do CÆSALPINUS and CAMERARIUS; FUCHSIUS and LOBEL, "Solanum somniferum;" TRAGUS, "Solanum hortense;" GESNER, "Solanum sylvaticum;" the Germans, "Tschlaff beere," and "Tollwartz;" the French and the Italians, "Belladonna." It is from the Italian that we more immediately obtain the appellation we give it, and various are the derivations assigned. PARKINSON says, "The Italian dames use the juice as a fucus, or the distilled water thereof, peradventure, by the excessive cold quality, to take away their high colour, and make them look pale." BODÆUS seems to hint, that those who have delirium from the poison, see beautiful women before their eyes, and hence the name; but others again tell us, that the name "Belladonna" was added to that of "Atropa," the Fate who, in the heathen mythology, was destined to cut short the thread of life, to distinguish it as the poison which, in the hands of so many poison venders, such as the infamous LOCUSTA, was employed to destroy so many lovely women, and that it was the chief ingredient of those horrible potions which at one period, were so dreadfully notorious, in many parts of Italy.

Its deadly power seems to have been known amongst the ancients, and a great deal of classical disquisition has been indulged in, to ascertain whether it was the "Mandragora morion" of THEOPHRASTUS, or the "Strychnos monike" of DIOSCORIDES, for both these authors have described a plant, which seems both in external appearance and in poisonous qualities to have resembled belladonna.

I will spare you all discussion upon these points, but such of you as may be curious upon such a subject, will be very much gratified by a perusal of what has been written by JOANNES BODÆUS, one of the most diligent and learned commentators upon the works of THEOPHRASTUS, and whose volume is an encyclopædia of classical botany. In the notes on the sixth book, under the head of "Mandragora," you will find all that industry and great knowledge of the classical authors could glean, both as to the opinions and the practical information of the Greek and Roman naturalists upon this subject.

The plant is cultivated by the herbalists in the neighbourhood of London, but not in sufficient quantity to supply the demand in the market, and many of our best-informed and diligent druggists prefer that which grows wild, to that which is reared by art. They state, that under such circumstances, it yields a purer juice, and likewise that it is more active, and even more copious. It rises to the height of three or four feet, from a root which is branched; the stem is herbaceous, purple-coloured, and covered with short hairs. The leaves are in pairs, of unequal size, of a dull-green colour. The flowers have somewhat of a narcotic odour; they are solitary, drooping, supported on axillary peduncles. The calyx is divided into five ovate segments. The corolla is bell-shaped, of a lurid purple colour, with a yellowish base. There are five stamens, and a two-lobed stigma. The fruit is a berry with two cells, smooth, and containing within its pulp a number of reniform seeds. The juice is sweetish, and agreeable to the taste.

Various are the tales on record of poisoning by these berries, and there seems to be some discrepancy of opinion as to the quantity which may produce mischief; this may arise from the state of vegetation of the plant, its locality as to heat, light, and air. In some cases they prove a very energetic poison, in others they are almost inert, or produce very transient effects. In the *Gazette de Sante*, we learn, from the autho-

rity of ORFILA, that in a child four berries produced all the symptoms of poisoning, in another six, and in grown-up youths the same number of berries have been productive of serious mischief; whilst, on the other hand, HALLER speaks of a fellow-student, named SIMON, who ate a large number without any injury. M. GIGAULT gives us similar instances; one of them, a young man, took upwards of a pound before going to bed; he had no medical assistance till the following morning, and then the only symptom was delirium, which very speedily yielded to proper treatment. These berries are, however, generally speaking, highly poisonous, and we must bear in mind the warning of our ancient friend GERARDE, who says, "If you will follow my counsel, deal not with the same in any case, and banish it from your gardens, and the use of it also, being a plant so furious and deadly; for it bringeth such as have eaten thereof into a deep sleep, whereof many have died, as hath been seen, and proved by experience, both in England and elsewhere; but to give you an example hereof shall not be amiss. It came to pass that three boys of Wisbeach, in the Isle of Ely, did eat of the pleasant and beautiful fruit hereof; two whereof died, in less than eight hours, after they had eaten of them. The third child had a quantity of water and honey, mixed together, given him to drink, causing him to vomit often. God blessed this means, and the child recovered."

Generally speaking, the first suspicion of poisoning by these berries arises from the sudden and uncontrollable fits of laughter that burst forth, and the grasping at imaginary objects. The eyeballs appear prominent and inflamed; the pupil is immoveably dilated; the retina insensible to the stimulus of light. There is complete loss of voice. To these symptoms, after a very short space of time, succeeds difficulty of deglutition. The face flushes, then becomes pale; it tumefies; blotches of redness appear on different parts of the surface of the body; patches which very much resemble those which are observed in scarlet fever; the lips become dry, as do the gums, the tongue, the palate, the uvula, and fauces; the voice is recovered, but it is hoarse and grating; and then excessive loquaciousness is apt to supervene. The individual moves about in a state of apparent insensibility, unconscious of surrounding objects, but still performing mechanically his usual functions. As the poison is more completely absorbed into the system, the symptoms become more urgent, and are somewhat altered in their character; the jaw becomes locked, the muscles of the face are quite rigid; there is impossibility of standing; great tumefaction and redness of the face; aphthæ; strangury; a sense of burning along the intestinal canal. The delirium that accompanies this state is of a very peculiar character, so likewise is the sopor. The mind seems filled with agreeable reveries, and the individual sometimes follows his usual occupation. Of this an instance is given in the case of a tailor, who seated himself on his shop-board, and for fifteen hours went through his usual business, moving his lips as if speaking, although quite insensible, from an injection of belladonna. There are various narratives in our periodical literature well worthy of your attentive perusal, some of which give you instances of deaths, others of recovery; sometimes slow, at others very rapid in their progress. Amongst these I must refer you to two cases, narrated in the *Medico-Chirurgical Review*, for July, 1827; to the *Journal de Sedillot*, for December, 1813, where are given the symptoms observed in a hundred and fifty soldiers, who were poisoned by the berries at Pirua, near Dresden; to the fifth volume of the *Philosophical Transactions*, where you will observe some interesting cases; to the sixth volume of the *London Medical Observations and Inquiries*, where there are instances given by Mr. BRUMMELL; to GILBERT BURNETT'S edition of *Medical Botany;* and to those two works on Toxicology, which are the best authorities in England and in France, the one of Dr. CHRISTISON, of Edinburgh, the other of ORFILA, of Paris. From all these you will learn that the effects are seldom transient, that they very often leave very striking *sequelæ;* that even when the worst symptoms have disappeared, impaired memory, delirium, blindness, tremors, have continued some weeks; and that even then nervous disorders have occasionally troubled the unfortunate sufferer.

All parts of the plant are poisonous; some consider the root to be the most energetic. The extract in common use is obtained from the leaves, which, as in some other plants, are, when fresh gathered, bruised, sprinkled with a little water on a stone mortar, the juice pressed out, and evaporated, unstrained, to a proper consistence. You will find the extracts of the shops vary very much in energy in particular seasons. This year you will be struck with its excellence, for the last season was remarkably fine for the growth of belladonna; whilst there was a universal complaint of its being bad for hyoscyamus, and hence the extract of the latter is by no means so powerful as it very often is. This is of course dependent upon circumstances, over which neither the herbalist nor the druggist can have the slightest controul; but yet how important is it that these facts should be made known to the practitioner, and how often must he be disappointed in the effects he anticipated from his remedies. It should likewise be known to those who keep the extract of belladonna in their shops, for use, that in about two

months after it has been prepared a great change takes place in the chemical relationship of the particles of which it is composed —a decomposition occurs, and new combinations are formed—a very large proportion of it becomes insoluble in distilled water, although it had previously been perfectly soluble. By proper means the leaves may be preserved in glass jars for a considerable length of time, and their odour, their colour, and their medicinal properties will be perfectly unimpaired. Of the extract, different doses may be administered, according to the nature and the seat of the disease. A large dose, that is, more than a grain and a half, is productive of headach and of loss of memory, but where actual pain occurs this may be safely employed; but one third of a grain of a good extract is a sufficient dose to commence with, under ordinary circumstances. Mr. BATTLEY, who certainly understands the treatment of vegetable matter, as well as any person with whom I am acquainted, has given to the profession a very useful preparation, which he calls "liquor belladonnæ." It is a maceration of the leaves in distilled water; some little manipulation is required to squeeze out the albuminous matter, which causes the decomposition which I have mentioned as occurring in the extract. This must be done with great gentleness and caution, in order not to disturb the component particles too much. This and other liquors of vegetables, have been introduced into practice by Mr. BATTLEY, and I think there are some of them which deserve the notice of the profession.

To M. MEIN, even from the avowal of GEIGER, is to be attributed the discovery of pure atropine, the principle to which belladonna owes its narcotic energy. BRANDES and GEIGER were both employed upon this vegetable, when he first made known the process by which it is obtained; and in the *Journal de Pharmacie* for 1834, may be learnt the steps he followed. Pure atropine is white, crystallizable in transparent prisms, and of a silky appearance. It is inodorous, soluble in absolute alkohol, and in sulphuric æther, both of these liquids more readily acting on it when they are warm. Water, at the ordinary temperature, dissolves but little. M. MEIN found this solution very slightly bitter; but the other chemists, GEIGER and HESSE, thought it of a very disagreeable bitterness. GEIGER and HESSE observed a remarkable property of atropine, which is the quick alteration which it undergoes when in simple contact with air or with water, at the ordinary temperature. It loses the power of crystallization; the crystals disappear; the fluid acquires a yellowish tint, which, upon evaporation, gives a residue which is not crystallizable, soluble in every proportion in water; and this newly-formed atropine acquires a most nauseous narcotic odour. LEIBIG gave to the *Journal de Chimie Medicale*, in 1833, an analysis of atropine, in which he stated it to contain 2 atoms of azote, 22 of carbon, 30 of hydrogen, and 3 of oxygen; but I observe, in the *Annales de Pharmacie*, for the same year, another analysis, in which he gives 34 atoms of carbon, 23 of hydrogen, 6 of oxygen, and 1 of azote; and I have again seen another analysis; I, therefore, know not which is the correct one; this, however, rather belongs to the department of the chemist than to us, nor should I have noticed it but that the discrepancy struck me.

Atropine enters into combination with acids to form salts, and has general alkaline properties; it dilates the pupil of the eye, and this effect lasts for some time; on vapours from a solution of the nitrate, phosphate, or sulphate of atropine, have the same influence; and when BRANDES tasted a salt of atropine, dilatation followed to so great a degree that it lasted twelve hours, and was not influenced by the shades of light. A small quantity of the sulphate of atropine tasted by him caused violent headach, difficulty of breathing, and cold chills, which lasted nearly half an hour. Even exposure to the vapours of atropine, whilst preparing it, made him so violently ill as to make him desist from further experiments.

There are many diseases in which belladonna is superior to opium or to hyoscyamus; neither of these will so completely controul pertussis, or hooping cough; but it must be purely of the spasmodic form; either inflammatory or catarrhal it is efficacious in. The plaister applied to the chest often produces a striking relief in this disease; but whilst thus employed, or given internally, you must be aware that it will produce dilatation of the pupil, and other striking effects. Of this GUERSENT gives us two examples, one a child of seven years of age, another much younger; in both these instances, the extract taken internally produced enormous dilatation of the pupil, and in the first instance confused vision and headach, but not in the other. Dr. GOLIS employs the root, of which he gives a grain; the effect is the same. I have, when speaking of hyoscyamus, described the power possessed by these plants of dilating the pupil; belladonna possesses it in a much greater degree. Dr. MOTARD, of Turin, is in the habit of moistening a pinch of snuff with a solution of belladonna, and introducing it into the nostril of the side on which he wishes to dilate the pupil of the eye; the dilatation takes place in a minute or two, and lasts about two days.

Of the employment of belladonna, as a prophylactic, or preventive to scarlatina, I wish now to speak, but previous to that I must introduce you to a system of which you have heard much, that of homœopathy, for to the founder of that sect we owe what-

ever knowledge we possess of the peculiar effects of the herb upon that epidemic; besides which, in the materia medica of the believers in that creed, belladonna bears the first character; it is considered by them the indispensable medicine, par excellence, in acute disease, and it is looked upon by them as their sheet anchor in a vast number of disorders. I shall not hesitate to quote the language, in the original, of one of their most intelligent writers on this subject, and an enthusiast of no ordinary talent, Dr. Peschier. He says "La belladonna est pour l'homœopathie le medicament indispensable, par excellence, dans le traitement des maladies aigues, c'est tous les jours, a tous momens, que le besoin s'en fait sentir dans la pratique, c'est aussi tous les jours, a tous momens que le practicien voit des effects merveilleux surgir, a la suite de l'emploi de cette substance, et c'est de la maniere la plus rapide, et la plus complete." After such a strong eulogium, you cannot be surprized that I feel it to be my duty to dwell a little upon the points connected with this subject.

As this is the first opportunity I have had to speak of a system which has not only created an intense interest in the profession, but has also been the theme of discussion amongst the uninitiated, who are always greedy of novelty, and most admire that which they least understand, I cannot but think it right to trace the history of the rise and progress of one of the most extraordinary sects that have, in modern days, sprung up in the annals of our art. My first step must be to give you a short sketch of the biography of the extraordinary individual who is the sole parent of the new doctrine, more particularly as it is completely interwoven with the system he has introduced. I have to speak to you of a man of high intellectual attainments, of great sagacity, of inflexible courage, and of unwearied industry, who, amid difficulties of no common kind, has laid the foundation of a system, which, whilst it cannot but create a few smiles at its singularity, is the work of great erudition, much toil, and striking ingenuity. We must not confound Hahnneman with those despicable charlatans who would sacrifice, at the altar of avarice, the lives and the happiness of thousands, who prey upon their deluded victims by the most daring and insolent effrontery,—who have neither the education nor the feelings of men of principle, and whose success in their vile occupation is a reflection upon the state of society. The great acquirements of Hahnneman,—the boldness with which he has promulgated his doctrine,—the skill and the fierceness with which he has carried on his arduous controversies, mark him as a man of no ordinary stamp. However much we may laugh at some of his vagaries, and the wild conceptions of a brain so truly German, that there might issue from it the sort of romance which belongs to that nation, without the censure that has been lavished upon him, we cannot but regret that he should have met with such unseemly opposition, and, on some occasions, with actual persecution, for his opinions. It is a disgrace on the character of our humane and liberal science, that her votaries should so often, in their zeal for their cause, forget that which is due even to the mistaken labourers in the arduous paths we have to pursue. Ignorance, superstition, and bigotry, have their foul excuse for the persecutions of Copernicus, of Galileo, and of Servetus; but gentle science must blush when Harvey or Newton are assailed by the malignant jealousies of the learned, or, if a feeble effort be made against her truths by assailants such as Hahnneman, when they incur sorrow, poverty, and exile, instead of calm inquiry, and well-deserved refutation of their heresies. It is true that the followers of this sect have, in many instances, brought disgrace upon their leader, for they have been incapable of practising his tenets. Many of them know little but the most insignificant part of his doctrine, and even not that correctly. They have seemed to imagine, that the whole of the knowledge depended upon giving the most minute doses of medicine. They have been more distinguished by their ignorance of the basis on which the practice of our science rests, than for the clearness with which they have explained the views they ought to be acquainted with. Their great aim seems to have been to overthrow that which they have neither the industry nor the ability to acquire; and they have cloaked their incapabilities under a mask, which, when torn from their faces, discloses features upon which sense has never stamped her beautiful lineaments. They point to the experiments of Hahnneman; call his art practical,—ours, conjectural. They will not inquire into the seat, the nature, and the causes of disease; they are satisfied with symptoms, and they echo back the language of their master, that our deep research leads only to conjecture. If a thorough knowledge of all the facts relating to the human body, observed almost from the beginning of time to the present hour,—if the application of all such observations, to that which daily presents itself, be called conjectural,—if a careful comparison, made by a long series of studious, inquiring, intelligent men, who have transmitted to each other, not oral traditions, but writings woven into a clear, concise, and intelligible system, be called conjectural,—then must I yield the point, and grant that that which I now look upon as the noblest monument of human reason, is a fallacy unworthy of the human race. We do not pretend that our science is perfect; in common with all that belongs to huma-

nity, we feel our own imperfections; but we claim for ourselves a knowledge of the most important phœnomena of life, of health, and of disease. It has been handed down to us by a long list of venerable guides; and the industry, the sagacity, and the unwearied attention of a number of intellectual beings, is daily and hourly increasing and improving it. We cannot consent to abandon that which reason and experience have taught us to be an invaluable treasure; but we will gladly hail any addition to our stores, or any improvement upon the mode of collection, or of distributing them to the world. If, in learning the new doctrines, the slowness of our apprehension should be urged against us, we must plead, as an excuse, that we have been trained up in the school of the cautious, the dispassionate, the penetrating SYDENHAM; that we have studied the unimaginative volumes of CULLEN, and heard the philosophic discourses of GREGORY, and therefore we can the less easily imbibe the brilliant fancies, the speculative dreams, and the fantastic colourings of a susceptible mind. Accustomed to watch the deviations from nature in others, and to hasten to relieve them, we have had no time to dwell upon our feelings in health, to watch minute shades of difference in sensation, and to trace them to causes which, indeed, could not exist in our state of being. This, however, must not prevent our candid examination of the labours of others, nor our comparison of our knowledge with that which others may offer to present to us instead of our own, nor can it induce us to perpetrate an act of injustice against him who offers to be our guide. We, indeed, ought to examine with indulgence all that is brought before us.

The struggles through life, the difficulties which medical men, and persons of genius, have to encounter in its paths, are well exemplified in the life of HAHNNEMAN. He was born in the year 1755, at a small town in Saxony, called Meissen. In his youth he was particularly distinguished for his industry and for his facility of acquiring information. In the year 1775, at the age of twenty, he went to the University of Leipsic. The whole sum contained in his purse was twenty ducats, with which he commenced the study of medicine. With a most praiseworthy industry he increased his humble resources, by translating into German the most esteemed of our English medical authors; and to this occupation, whatever may have been the originality of his views, he owes his acquaintance with medical science, and from this source he first imbibed that love of inquiry for which he has been so much distinguished. For two years he laboured with incessant and praiseworthy assiduity; he then went to Vienna to prosecute his studies at the hospital; he quickly gained the attention of QUARIN: he became his favourite pupil, and was occasionally allowed the charge of the patients; but the expences of a capital were too great for him; his finances were completely exhausted, and he was on the point of abandoning his profession, and of being classed amongst those, to whom

> "Knowledge to their eyes her ample page,
> Rich with the spoils of time, did ne'er unroll;
> Chill penury repressed their noble rage,
> And frose the genial current of the soul."

Most unwillingly was he obliged to leave the hospital where he had gained the friendship and the confidence of the director; he went almost into banishment, to Hermanstadt, where he acted in the double capacity of librarian and physician to the governor of Transylvania; he there, by the dint of economy, saved a sum which enabled him to graduate at Erlangen; his thesis was, "Conspectus adfectuum spasmodicorum ætiologicus et therapeuticus." He then returned to Saxony, and after many changes, settled, about the year 1789, at Leipzig; he principally occupied himself in studying chemistry and mineralogy, and in translations from the English, the French, and the Italian, for the German periodical journals. For this his varied accomplishments admirably fitted him, nor was he idle in original inquiries, for he turned his attention to the consideration of arsenic, and his work, *Uber die Arsenic Vergiftung*, is often quoted by the best writers on toxicology, as a standard authority. It is a most elaborate performance, and was as much distinguished for the minuteness of his researches, as for the clearness with which he explains them. A preparation known in Germany under the name of "Hahnnemani mercurius solubilis," or "Hydrargum oxydyrlatum nygaum," and which corresponds with the "Oxydum hydrargyri" of the present Pharmacopœia, also engaged his attention.

In the year 1790, he undertook to translate Cullen's *Materia Medica*, and whilst thus occupied, his attention was drawn to the hypotheses which are advanced to account for the febrifuge power of cinchona bark; he was so much dissatisfied with them, that he determined to ascertain, by experiments made upon himself, some facts which he believed might bring him to arrive at sounder conclusions, and these trials led him to the foundation of all his future system. He found that the bark taken by him in a state of health, produced an intermittent fever, quite analogous to that for which this drug is a specific remedy; and that, besides, a number of symptoms occurred, of which no mention is to be found in any of the works on materia medica. The effect produced upon him, led to the idea that the febrifuge power was dependent upon its property of producing the identical fever; in fact, that that which produced a deviation from the normal state, was, from its possession of some innate connexion, the very cause of restoring

the organs and tissues to their healthy condition. He determined to try a series of experiments upon his body, with the various therapeutic agents, and to watch the symptoms which they produced in a state of health. This plan he executed with a zeal and a patience which were worthy of the great object he had in view, and which, I lament to say, were not bestowed upon a subject which carries conviction with it, and which could obtain the general belief. Others, and amongst them ANDRAL, have since gone through the same trials, and have not obtained similar results. To this it may be replied, that none of those who have tried upon themselves the effect of his medicaments have undergone the same preparatory discipline; for this indefatigable and cautious philosopher underwent privations of every kind, a regimen the most severe, and he submitted himself for many years to daily suffering, from the doses of active poisons which he had the courage and the honesty to try upon himself. A few friends co-operated with him, but he was the daring leader through paths untrod before. The discoveries, which appeared to him as interesting as they were astonishing, repaid him for his curiosity and his exertion.

In prosecuting these inquiries, he fancied that he found an analogy between the symptoms produced by sulphur, and those which belong to the loathsome disease which it cures, the itch; and the same between that singular and marvellously-endowed mineral which must be hereafter the subject of our most minute attenation, mercury, and the frightful disease which it cures, namely, the venereal curse. Abandoning the great and philosophic principle upon which our science is founded, the discovery of the seat and of the cause of disease, HAHNNEMAN gave himself only to the consideration of symptoms; instead of applying, as we do, to the disease, our remedies, he sought for a medicine which bore some analogy to the prominent symptoms that presented themselves, and administered it. For the purpose of ascertaining what property each drug possessed of combating a symptom, his labours were immense, as well as for the application of his new principle; for although it may be said that the doctrine of "similia similibus" is as old as the first founders of our science, still it comes to us in a new form, and with a new application. He observed, that as the administration of a remedy which produced the very symptom which it eventually cured, caused a momentary aggravation of this morbid condition, it became necessary to give very minute doses, and he, therefore, began to reduce the quantities of medicines ordinarily employed. He commenced by portions of grains, such as would be the case with arsenic, or with the newly-discovered alkalies. The want of a rigorous exactness in the appreciable quantities of doses, suggested to his mind the following process, by which he might apportion his quantities. He mingled together the active juices of plants, in determined proportions, with alcohol, which served as their conservative principle; thus, a drop of the juice of a plant, intimately mixed with 99 drops of alkohol, gave a preparation of which every drop contained $\frac{1}{100}$ drop of the medicine, and one of those drops, mixed with 99 drops more of the alkohol, carried on the division to $\frac{1}{10,000}$. He carried the same principle into action with dry pulverizable bodies, using the sugar of milk as the medium.

Whilst preparing his medicaments, HAHNNEMAN made a discovery of a very singular nature, and of the truth of which there appears to be, no doubt; but not to the extent pretended, namely, that during the bruising of solid substances, and the agitation of liquids, the energy of their therapeutic power is developed in a still higher degree; that by long trituration and manipulation, carried certainly by him to a most ridiculous point, a single grain will acquire the activity is possessed by ten times its quantity. A long series of inductive experiments led him to the employment of infinitessimal doses of his remedies, thus prepared, and this was done from observing that if he did not thus apportion his quantity of a medicine duly shaken and bruised, he often increased rather than diminished the malady.

It was at Georgenthal, in a lunatic asylum, that HAHNNEMAN obtained the first success which struck the public mind. It was the recovery of a man of great literary attainments, KLOCKENBRING, who was said to have been of the most sensitive mind, and so feelingly alive to censure that, singularly enough, he was supposed to have been driven mad by an epigram of the unfortunate KOTZEBUE. He then practised, in 1794, at Brunswick and at Kœnigslutter, and there the severe opposition first commenced. Some of his contemporaries, and the druggists of the town, entered into a combination against him. They brought into play an old law, which prohibited physicians from making up their medicines, and as he would not consent to give his adversaries an opportunity of thwarting his views, by not properly adhering to the formation of his medicines, he left the country; he retired first to Hamburg, then to Eilenbourg, then to Torgau. He then commenced the publication of his system in *Hufeland's Journal*, which brought upon him the most violent attacks, to which he replied with great vigour and warmth. An angry war arose, which was pursued with extreme bitterness, and tremendous shedding of ink.

In the year 1800 a new light burst in upon the mind of HAHNNEMAN. A most frightful

epidemic scarlet fever, ravaged a part of Germany; he sought for an appropriate remedy; he knew that belladonna produced red patches and eruptions similar to that disorder; he tried, therefore, in accordance with his system, that remedy, and he found it successful; after having obtained this result, he was led to inquire whether this might not act upon the constitution, so as to produce a disease which might prevent the contagion of scarlet fever from becoming developed, in the same manner as the vaccine virus takes such possession of the system as to prevent the action of the variolous poison. Of the success of this prophylactic measure I shall speak in my next lecture.

In 1805 HAHNNEMAN published *Fragmenta de viribus medicamentorum positivis, sive in sano corpore humano observatis;* but in 1810, his great work, which has gone through four editions, and has been translated into different languages, *Novum Organon*, appeared. He began to have disciples, and some medical men became his patients, and spread his doctrines; thus, Dr. NECKER, of Naples, Dr. AEGIDI, and Dr. PETERSEN, who, when ill, had undergone the practice, usually followed without relief, declared themselves cured, convinced, and students of the new art. In 1811 he published his *Materia Medica*, of which six volumes appeared in succession. About this time he settled at Leipsic, and published his thesis *De helleborismo veterum*.

In 1820 new persecutions drove him from the town; but FERDINAND, Duke of Anhalt Kothen, offered the illustrious exile an asylum at his residence, and received him with the distinction which his perseverance, his consistency, and his talents, so justly entitled him to enjoy.

EXTERNAL APPLICATION OF OPIUM IN INFLAMMATORY DISEASES, BUT ESPECIALLY IN BRONCHITIS AND CROUP.

To the Editor of THE LANCET.

SIR:—As I have, for many years, employed opium externally in the treatment of some internal diseases, I eagerly perused Dr. Sigmond's remarks on the subject, in THE LANCET of the 28th of January last; but I was disappointed to find, that he refers only to its effects when absorbed through the skin. I have used it most extensively, and with the happiest result; but I have never prescribed its application where I thought that there was even a chance of its being absorbed.

As Dr. Sigmond takes no notice of any action on the system produced by opium so applied, independently of absorption, I presume that his opinion is, that it exerts none. If so, he deceives himself, and is unacquainted with one of the best means of arresting febrile and inflammatory actions, and of many other advantages to be derived from this invaluable drug. I hope that what I say may be taken in good part. I embrace but the opportunity which this omission, as I conceive it to be, in Dr. Sigmond's lectures gives me of again pleading, in favour of opium as a substitute for venesection in some inflammatory diseases, more especially in bronchitis and croup.

When opium is applied extensively to the surface of the body during health, it diminishes the frequency of the pulse, accelerates the peristaltic motion of the intestines, increases some of the internal secretions, creates hunger, produces the sensation of cold, and even of shivering.

Some, perhaps all, of your readers, may have their doubts concerning these effects; but they need not long doubt, for, by a simple experiment, they may test the truth of my assertion. In THE LANCET of the 5th of September, 1835, you were pleased to permit to be inserted some remarks of mine on the external use of opium, and there also may be found a formula for the liniament which I was in the habit of using. Let those, then, who doubt, make use of an ounce of that liniment, any morning before getting out of bed—let it be applied to the breast, neck, sides, and bowels, &c. The greater the surface over which it is spread, the better, and then let them note the effects: it need not be rubbed *in*, but merely rubbed on.

In croup and bronchitis, in children, the effect is truly astonishing. These diseases, which, from the onset, threaten life, are suddenly and effectually subdued by this simple means; diseases, too, requiring, according to prevailing notions, treatment which, of itself, is sufficient to destroy life, and which has most certainly too often deprived the patient of the chance of recovery. It may seem that I speak individually, but how can I express myself otherwise? When I followed the routine practice, I was not more successful in my cures than were others; and now that all my patients speedily recover, am I not justified in blaming my former treatment as the cause of the mortality, rather than the disease itself? Besides, the success spoken of, I might give many reasons why I consider the depleting system the most erroneous and dangerous practice that could possibly be invented; but that would necessarily lead to a disquisition regarding the nature of these diseases, and also the mode of operation of the remedies; whereas my intention is to state simple facts, which I trust may lead some of your readers to give my plan a trial. I have now had six or seven years experience in the plan of treatment which I advise, and have not lost a single case from bronchitis.

Where the treatment consists in bleeding and blistering, I fear that the remarks of Dr. Copland may still hold good:—"I know of no disease," says he, "that is more frequent, or is productive of a greater number of deaths, in children, than bronchitis, in its different states and complications." I have lost but one case from croup, and I appeal to your readers whether or no, in that instance, the plan may be considered to have failed.* I know but of two medical gentlemen who have followed implicitly my directions, neither of whom have lost a patient from either disease—that is, since they discarded bleeding and blistering. Those who inculcate and practise depletions, of course advise and act from the best motives; but it is possible (I think certain) that they err in their estimate of the nature of these diseases, and that the principles of treatment, which are presumed to be genuine and clear, must, therefore, be unsound. It was a suspicion of the fallacy of the doctrine regarding inflammation and its cure, that led me to the practice which I now recommend; and, on an invariable success in upwards of two hundred cases, I ground my belief that I should be guilty of wanton outrage were I to draw blood from a child that was labouring under croup or bronchitis. The latter disease, if left to nature and good nursing, would not prove fatal to one in fifty, whereas, because it is an inflammatory disease, the lancet, that "anchor of hope," is resorted to, and, consequently, two out of three perish. This estimate of the mortality is too low; but I would rather be within than beyond the truth. There is a most excellent lesson on this subject conveyed to the profession through your pages. I have neglected to note the number of THE LANCET in which it is to be found, but it is in a report of the proceedings of the *London Medical Society*, 16th November, 1835, on which evening Mr. Robarts read a paper on acute bronchitis.

My reason for noticing these diseases here is, because I have seen the beneficial effects of opium more strikingly manifested in them than in other diseases. In a few minutes after the first application of the liniment, there will, in most cases, be a decided amendment. In some cases, with well-marked symptoms, one application has been sufficient to effect a cure. If I be present, I pay no attention to quantity. I order the child to be laid across the nurse's knee, with the head depending, so that the ammoniacal vapour from the liniment may not affect the nostrils and eyes. I then pour the liniment on the breast, in such quantity as to require a brisk motion of the nurse's hand to prevent it from running down the sides. This she applies to the breast, neck, and bowels, and as it dries I continue to renew it, until from two to four drachms, or thereabouts, have been used. An hour afterwards, if there be no amendment, I repeat it, applying the liniment also to the back and limbs. This, however, is rarely needful, for it almost always happens that a decided check is given to the disease; but, by way of precaution, I repeat the application at bed-time in all cases.

I transcribe the following cases from a pamphlet which I published in 1834, and I select them because Mr. Fender, the house-surgeon of our dispensary, witnessed the effects of the treatment. The first is a case of bronchitis, which we considered hopeless, and therefore thought that we could commit no great error by trusting solely to the liniment.

CASE I.—February 16, 1831.—Elizabeth Race, aged ten months. Visited this child to-day, at eleven A.M. Great heat of skin; restlessness; difficulty of breathing, with wheezing; paleness of the face; purple hue of the lips; lividity around the mouth; pulse 160, or more (it was difficult to count it). The mother said that the breathing had been so difficult, at intervals, during the last two nights, that she thought the child would have expired. Ordered a drachm and a half of liniment, which Mr. Fender himself applied before we left the house.

At one o'clock the child slept soundly; pulse 120; the respirations, which, at our first visit, could not be numbered, owing to the restleness of the little patient, were now 96 in the minute; skin comparatively cool. At three o'clock the child was still asleep; pulse 110; respirations 80. Liniment repeated.

17th. The child had a good night, and is now apparently well. As she could not be kept sufficiently quiet, neither pulse nor respirations could be numbered.

CASE II.—July 15, 1831.— —— Anderson, aged two years and a half, has been ill for twenty-four hours, with difficult breathing, and croupy cough. I saw him at six P.M. The breathing was difficult and sonorous; skin very hot; pulse 160. As I entered the house they were about to immerse him in a hot bath; this I objected to, and saw him rubbed with more than half an ounce of liniment, and prescribed three grains of calomel.

At ten P.M. Mr. Fender saw him; his pulse then was 112, and, as he slept soundly, Mr. Fender did not prescribe. The mother said, that in half an hour after the application of the liniment he seemed quite well.

16th July. The child is running out of doors, and not to be found; he is reported, however, as quite well.

* See the case of P.B., LANCET, 5th September, 1835.

CASE III.—March 25, 1833.—D. Burnett, aged four months, has been suffering under symptoms of common cold since the 22nd instant. Was seen this afternoon by Mr. Fender, who reported him to be labouring under croup. I saw the child at five P.M. Mr. F. had prescribed a grain of calomel every two hours, and the application of the liniment, which had been applied half an hour before my visit. The violence of the symptoms, I was told, had greatly abated; but, before leaving the house, I saw about three drachms of the liniment again applied.

March 26. The child rested well during the night, and to-day appears as if nothing had ailed it.

In my private practice I seldom see a case of croup now, although I hear of cases now and then, happening in families which do consult me; but being provided with liniment, they apply it according to directions, and check the disease at once. Indeed some country families, that have experienced its benefits, say that they should be miserable, did they not know that they had a supply in the house.

Before concluding, I might give you the results of my experience of the effects of opium externally aplied in other internal inflammations, and in continued fevers: they are equally gratifying, but I think I have said enough to show that opium exerts a powerful influence over the system when applied to the surface of the body, *independently* of absorption. I am, Sir, Your obedient Servant,

W. F. BOW, M.D.

Alnwick, 1st March, 1837.

INSTANCE OF

VAGINAL RESPIRATION.

To the Editor of THE LANCET.

SIR:—Dr. Thomson, in his admirable lectures upon medical jurisprudence, when speaking of uterine and vaginal respiration, thus expresses himself:—

"I do not hesitate to say, that I doubt whether uterine respiration has ever occurred. I have even some doubts, although not so strong, respecting vaginal respiration, a circumstance in which Capuron believed." Now, Sir, I have lately attended a case which, in my opinion, very much strengthens the possibility of vaginal respiration. Mrs. Holden, of No. 12, Queen-square, Bloomfield-street, was taken in labour with her first child, on the 5th of January last. I was requested to attend her, and upon examination per vaginam, found the breech presenting; the labour was slow and tedious, in consequence of weak uterine action. However, at length the legs, the body, and the shoulders were expelled; and the head was retained, the face presenting towards the sacrum, and the occiput towards the pubis. During the time that the head was retained, in order to keep the trunk on a level with the head, I supported the breech with my right hand, while the left was passed beneath the thorax, in which position I distinctly felt, for several minutes, the elevation and the depression of the ribs, demonstrating, that inspiration and expiration were alternately taking place. For this fact I can vouch, and am perfectly satisfied that respiration did take place, and, therefore, I think that in all cases of suspected infanticide the presenting part should, if possible, be ascertained. The infant ultimately perished, in consequence of the head being retained too long; and I very much regret to say, that the parents resolutely refused a post-mortem examination to be made. Now, had this infant been illegitimate, had its mother given birth to it under suspicious circumstances, had a medical man been called in, and had the lungs been subjected to the hydrostatic test, a verdict would have been found against her, and she would have stood in jeopardy of her life. I have the honour to be, Sir, your obedient servant,

R. DAVIS.

1, City-road, Finsbury-square,
March 7, 1837.

TREATMENT OF

SIMPLE EXOSTOSIS,

BY

REPEATED BLISTERINGS.

IN the last Number of THE LANCET, (Feb. 25th) there is a report of a discussion which lately occurred at the *Royal Medical and Chirurgical Society*, on the treatment of Exostosis.

In the practice of some of the gentlemen who took part in the discussion, mercury, as might have been expected, had been of considerable service, even in cases in which no syphilitic taint existed. But as mercury, in order to be of service, must be given to an extent which is sufficient to make its action apparent on the system, and as, in some constitutions, the effects which it produces are by no means such as we desire to see, and its action being, withal, somewhat uncertain, a small quantity, in particular habits, producing considerable salivation, it may not, perhaps, be altogether useless to detail the results of a more simple, and more harmless mode of treatment.

It is well known to *veterinarians*, and to those gentlemen who are in the habit of attending to the management of their horses themselves, that bony formations, in the language of the stable, denominated "splents," frequently form upon the inside of the legs

of young horses which have done much work, giving to the legs an appearance which is offensive to the eye, inasmuch as they deprive them of their natural flat form (to say nothing of lameness occasionally resulting,) and make them appear round and ugly.

Bearing in mind one of the modes employed by veterinarians to reduce these swellings, I made use of it in a case of exostosis which occurred upon the outside of the near hind leg of a high-bred mare of mine. The tumour was not much elevated, but had a base of the circumference of a crown piece; and although, perhaps, at first sight, it would not have been noticed by those who are unaccustomed to look for such things, still, to a practised eye, it was visible at a glance.

I was not disposed, although the operation would have been practicable enough, to "cast" her, and cut down upon the tumour, separate to a necessary extent the periosteum, and effect its removal, either with the saw, or with the "gouge and mallet!" Wishing, however, to get rid of it, I tried first the iodine ointment, but that failing, I had recoure then to *repeated blisterings*, which, in a short time, completely removed the entire swelling.

It is somewhat singular that this mode of cure does not seem to have been tried by any of the gentlemen who joined in the discussion on the occasion above alluded to, or, it is fair to infer, that it would have been mentioned by one or other of them. Analogy, however, warrants my asserting that it offers a good chance of relieving, if not of curing the disease in very many instances; and if found to be as efficacious as mercury in removing the swelling (of course I mean where no syphilitic taint exists), its superiority to that remedy, by being more harmless, will be quite apparent.

In many cases, exostosis, no doubt, arises from periostitis, brought on by a local injury. When, however, these ossific deposits occur simultaneously in several parts of the body, the supposition is a just one, that some peculiar constitutional defect exists, the nature and *modus agendi* of which time will not at present permit me to speculate upon.

I am, Sir, Your obedient servant,

W. Hempson Denham.

Wickham Market, 6th March, 1837.

ON THE FORMATION OF

NEW SUBSTANCES;

OR, THE

ASSUMPTION OF NEW CHARACTERS

BY OLD SUBSTANCES.

To the Editor of The Lancet.

Sir:—The perusal of Dr. Sigmond's second lecture on the materia medica, recalled to my mind the substance of a paper which I read before the *Royal Medical Society of Edinburgh* some years ago, with reference to the formation not only of compound substances, but also of those which are now considered to be elementary, during the process of vegetation, &c. Should they be thought worthy of a corner of your Journal, the following observations, rather hastily drawn out, are much at your service. I have the honour to be, Sir, your obedient servant,

James Inglis, M.D.

Castle Douglas, Feb. 30, 1837.

When two plants of different species, but of the same size and weight, are placed in the same soil, spring up together under similar circumstances, and, of course, receive nourishment from a common source, they, after a while, possess properties which are highly dissimilar. Observing this, I was led to inquire into its cause; but as Dr. Sigmond says, "No analysis of the soil on which plants grow, the air by which they are surrounded, or the water from which they imbibe their nourishment, will disclose to us the causes of the difference which we perceive in plants growing close together."—(Lancet, Oct. 22, 1836.)

Passing, then, from the organic to the inorganic kingdom, we are there met by phenomena apparently as unaccountable. Nature, however, works in harmonious simplicity, and one cause may be found to influence both. It shall now be my endeavour to show that this cause is merely a different arrangement or aggregation of the ultimate molecules of substances; but, as yet, the predisposing causes, or attractions, whereby one form is taken at one time, and another at a second, remains clothed in obscurity. Water, for a long time, was considered to be an elementary body, to disprove which the celebrated Robert Boyle made several experiments with regard to the growth of vegetables in pure water. He found that the raphanus aquaticus, after being kept for nine months in pure water, did not wither, but flourished, budded, threw out many fibrous roots, and increased in weight. And a twig of ranunculus in one month gained twice its weight. "From thence," he says, "I infer that the same corpuscles, which, convening together after one manner, compose that fluid, inodorous, colourless, and insipid body water, being contexed after another manner, may constitute differing concretes, which may have firmness, opacity, odour, smells, tastes, colours, and several other manifest qualities, and that, too, very different from one another."—(*Boyle's Works*, fol., vol. iii., p. 70.)

We know also that certain plants, as the epidendron, flos aër, grow, increase, and

flourish when suspended in the atmosphere. In both of these instances it may be said that carbon is furnished to the plants by the decomposition of the surrounding carbonic acid. Be it so, it tends the more to prove the theory, for at one time carbon exists invisible in a transparent colourless gas, whilst shortly it is made to assume all the beautiful forms and colours which adorn the vegetable creation, verifying the axiom "Corruptio unius est generatio alterius, et e contra." This, also, we see in the every-day transmutation of animals into vegetables and minerals, and *vice versa*, proving, I think, that form is but an accident of matter.

Chemistry abounds in facts to prove that difference of property depends on difference of aggregation. First, then, of simple substances (commonly so called.) Carbon exists in nature under two forms, the diamond and graphite; the former crystallizes in regular octohœdrons; the latter in six-sided plates, striated parallel to some of their sides. Sulphur differs as widely. The native crystals occur in octohœdrons, with rhombic bases; whilst the artificial crystals assume the form of oblique rhombic prisms. Now, these forms, crystalographaically considered, are incompatible with each other; they cannot be derived from each other, nor from one common form. I shall next take an example of this in compound bodies; thus, iron pyrites (bisulphuret of iron) exists in the common or cubical state, and also as the white or prismatic pyrites of mineralogists, and so on.

Berzelius has gone further; in 1814 he proved that there were 2 chlorides and 2 oxides of tin, having the same atomic constitution, but unlike in properties. So also with regard to the tartaric and the paratartaric (racemic) acids, and the phosphoric and paraphosphoric, which are identical in composition, but dissimilar in properties. These, Berzelius called "isomeric" bodies. Since then Wöhler and Liebig, experimenting on the acids of cyanogen, found that the soluble and insoluble cyanuric acids were similar in composition, and that the cyanic and fulminic were also isomeric. Now, there are many such substances known which contain the same absolute and relative number of atoms of the same elements, and having, consequently, the same atomic weight, whose properties are dissimilar. But what is said of one applies to all, and, if desired, much information may be obtained regarding them in the second report of the *British Association* for 1832, p. 437.

From the above facts, then, we must believe that the difference of character arises from a difference of aggregation. Now, being led thus far, allow me to proceed a step further, and, by analogy, to infer that the varied substances which exist throughout creation may all originate, or have originated, from *one* homogenous, simple, elementary substance. *A priori*, there is certainly no good reason to assert the contrary, for is not Nature, the more we know of her, adorned with all simplicity; and whenever she can effect her ends with one instrument, she never calls to her assistance two. But besides analogy, which affords so strong presumptive evidence, I shall endeavour to bring forward a few instances where substances, commonly called simple, are actually generated, and that in places where a trace of their existence previously could never have been anticipated.

First. Can we explain the origin and formation of calcium, which constitutes a great part of the bones of the chicken ovo? I shall not give my own reasoning upon this subject, but quote from the investigations of Dr. Prout. "With respect to the earthy matter formed in the skeleton of the chick when it quits the shell," he says, "I think I can venture to assert, after the most patient and attentive investigation, that it does *not pre-exist in the recent egg*, certainly not at least in any known state; the only possible sources, therefore, whence it can be derived are from the shell, or by *transmutation from other principles*. There are, however, very strong reasons for believing that the earthy matter is not derived from the shell."—(*Phil. Trans.*, 1822, p. 381.) But suppose, for a moment, that the reasons he brings forward are not conclusive, the next question I would put would be, whence derives even the shell its calcium? since Vauquelin has found calcium in greater quantity in egg-shells than the food of the hen ever could account for. (*Annal. de Chimie*, 1798.) Again, calcium is found in as great a proportion in the skeletons of animals in some of the districts of New South Wales, where no lime exists either in plants or minerals, as in those districts where it is most abundant.

Secondly. Regarding nitrogen. We know that by analysis no azote, or at least very little, can be detected in coal as it is brought from the pit; but let us distil that coal in closed vessels, a liquid passes over which is coal-tar, and in it is contained a considerable proportion of ammonia, the nitrogen of which is in far greater proportion than possibly could have existed in the coal; nor could it be derived from the atmosphere, inasmuch as that was excluded. Whilst, thus, azote is found to be formed in inorganic processes, so will it be shown that the organic also create it. I now refer to the researches of M. M. Macaire and Marcet. (*Annal. de Chim. et de Ph.* tom. li. p. 371), who have found that the chyle in the blood of herbivorous animals contains just as much azote as the chyle and blood of the carnivorous. Their tables are as follows:—

ANALYSIS OF THE CHYLE OF THE

	Dog.		Horse.
Carbon	55.2	..	55.
Oxygen	25.9	..	26.8
Hydrogen	6.6	..	6.7
Azote	11.	..	11.
	98.7	..	99.5

ANALYSIS OF THE

	Arterial blood.		Venous.
Carbon	50.2	..	55.7
Oxygen	26.3	..	20.7
Hydrogen	6.6	..	6.4
Azote	16-3	..	16.2
	99.4	..	99.0

Now, from this it is evident that as much azote exists in the one as in the other. The sources of azote here are but *two*, viz., its introduction into the system by the food or by the lungs. If it were by the food, then ought we to have the chyle and blood of the carnivorous animals much more azotized than the herbivorous. But leaving this out of the question, it has been found that sufficient azote is not taken into the system by the food to supply the system with azote. As to the other source, little need be said, for scarcely any one denies that the same quantity of nitrogen comes from the lungs as was taken into them by inspiration. In proof of this we know how slowly, if ever, nitrogen is absorbed. The air of a recent tympanites abdominales is, as Drs. Davy and Duncan proved, atmospheric; but soon the oxygen is absorbed, and in the old chronic tympanites nothing but nitrogen remains. This, then, strikes at the root of the absorption of nitrogen by the skin.

Moreover, the experiments of M. M. Macaire and Marcet went to show further, that that the blood of these animals contained *more* azote than the chyle, which would not have been the case had the nitrogen been introduced by the food, inasmuch as the food, previous to assimilation, must have undergone the intermediate stage of chylification. How else than by formation could we explain the presence of nitrogen in those zoophytes which are found attached to rocks at the bottom of the sea, or in fishes, as Roudelet has shown; or in fresh-water reptiles, as Mead, Redi, and others, have proved. Before leaving nitrogen, I shall only recall to memory the amalgam which Sir H. Davy obtained by acting on mercury by galvanism under liquid ammonia. Hydrogen was evolved, and the amalgam formed, which he justly considered as a compound of the mercury and the metallic base of nitrogen.

Thirdly. Phosphorus is found in great abundance in the bones of animals. Let us set a young calf out to graze upon a grassy plain, and after a season let it be killed, and from its bones a large proportion of phosphorus would be obtained. Now, whence came it? Some plants, at certain seasons, contain a little phosphorus, as the sinapis alba and the triticum œstivum, but none has been found in grass; and if by accident a phosphate or two chanced to pass into the animal's stomach, this surely could never account for the very large amount found in its bones. Here, again, as before, I call up to my assistance Sir H. Davy, and his powerful galvanic apparatus; he, by acting with it on phosphorus, could extricate as long as he liked hydrogen gas from it. Now, when we can remove one substance from another, so long as we choose to apply our agent, what is that but showing either that the substance acted on is a compound, or that it consists of the substance extricated, in some other form, which latter I believe to be the case. I shall say nothing here of a substance called "thioque," recorded in the *Mechanics' Magazine* for June, 1833, as discovered by Mr. J. M. Corbett, because I have not seen the discovery authenticated elsewhere. If, indeed, such a substance could be formed from sulphur, having the properties ascribed to it, it might be of the greatest use in the decomposition of the metals, great doubts being at present entertained with respect to their simplicity. Phosphorus is said by this substance to be decomposed. Now, phosphorus and arsenic resemble each other very much, both as regards their odour, and their property of uniting with hydrogen and oxygen; whilst their acids form salts, with bases which are disposed to unite with the same quantity of water of crystallization, and to assume the same crystalline form. The analogy is so striking, that Mitscherlich early investigated the properties of arsenic and phosphoric acids, when making his researches on isomorphism. If, then, phosphorus is by it decomposed, arsenic would, by analogy, in all probability, follow.

I might mention also carbon, as formed in the system; gold, as found in those intestinal concretions called bezoars; copper in shell-fish; sodium in the salsola-soda, although transplanted from the shore, and placed on the mountain's summit. But I have transgressed sufficiently already, and shall conclude by pointing, in retrospect, to the by-gone history of chemistry. Look but two centuries back, and observe the multiplicity of simple substances then supposed to exist. Drawing nearer to our own age, when alchemy was overthrown by the light of investigation, see that number fast on the decrease, until at length few more than fifty are to be found. Why, then, shall we stop here? May we not expect that ere long this number also will be on the wane, till, at length, by more energetic decomposing means, one alone shall be left, which, like its predecessor, shall be resolved by a still more vigorous power into the ultimate molecule by which all

worlds material were formed, perchance the ether which pervades all space.

That such an etherial medium really exists, in which the myriads of revolving worlds still continue their revolutions, is now a point of little doubt. Sir Isaac Newton expressed his belief in it to the Hon. Robert Boyle; in 1678 and I shall now do no more than quote a short passage from Mrs. Somerville's work on the *Connexion of the Physical Sciences*. Referring to the ether, she says, "The existence of such a medium, though at first hypothetical, is nearly proved by the undulatory theory of light, and rendered all but certain within a few years by the motion of comets, and by its action on the vapours of which they are chiefly composed."

For a fund of information on this point, I would refer the inquiring and candid student to the *Elements of the Economy of Nature*; or the *Principles of Physics, Chemistry, and Philosophy*, published in 1830, by J. G. Macvicar, A.M.; to a smaller work by the same author, entitled *Enquiries concerning the Medium of Light, and the form of its Molecules*; and also, to a paper in the *Edinburgh New Philosophical Journal*, for 1833.

PHYSIOLOGY OF THE SECRETIONS.

Certain principles are constantly accumulating in the blood during the process of nutrition, which require to be continually separated from it, in order that it may retain its salutary properties. For the manner in which this necessary separation is made physiologists do not account definitively, some supposing that it is simply through the intervention of the secreting organs; others, that the entire process takes place in the capillaries in each part; others, again, believing that a partial separation is spontaneously effected while the blood is in the course of circulation, yet requiring, for the perfection of the process, the assistance of the capillary tubes. The view taken of the subject in this paper is not in perfect accordance with either of these suppositions. It is here presumed that the secretions exist ready-formed in the blood; that each secretion consists of molecules of a definite configuration; that the molecules constituting one secretion are of a different form from those constituting another; that the capillary tubes, in the different organs, are endowed with a faculty to discern molecules of one configuration from molecules of another, and to select, or attract, as it were, from the general mass, their own peculiar molecules, allowing them only to percolate, and when in a normal condition rejecting all others; that the sympathetic nerve is the principal source of this discerning power; that in furnishing the capillaries with this power consists one of its most important functions; that it performs this function independently of the brain, that is, provided that organ be in a quiescent state, in other words, that it is a second brain diffused through the body, endowed with independent power. In consequence, however, of its receiving branches from, and giving branches to, the cerebro-spinal system, affections of one system evidently influence the functions of the other. Illustrative of this is an increased flow of tears, urine, and saliva on the one hand, atrabiliary melancholia, &c., on the other.

Perhaps, by further elucidation, the principles of this theory will be the more clearly understood.

It has been stated, that certain principles circulate in the body collectively, constituting blood, individually, secretion; that the molecules of each secretion possess a peculiar form, one secretion, for instance, being made up of molecules in the form of spheres, another of cubes, &c.; that the capillaries of one organ select molecules of one configuration, the capillaries of another organ molecules of another; now it will be evident that if the particles of the urine be, *exempli gratia*, spheres, and the particles of the bile cubes, the capillary tubes in the kidney will, if the organ be in a healthy condition, allow the spherical particles only to percolate, and reject the cubical ones in common with all others.

As, in certain abnormal states of the brain, the different senses are depraved or totally abolished, so, in derangement of the ganglionic system, the secreting tubes perform their functions irregularly, thereby inducing diseases of different kinds, to enumerate all of which is unnecessary. It is sufficient to say, that depositions of bone and cartilage, growth of hair and horny matter (icthyosis) in abnormal situations, are among the most prominent.

In conclusion, it may not be improper to repeat what has before been casually mentioned, that as the brain possesses such a remarkable influence on the ganglionic system, and through it on secretion; and the ganglionic system in its turn influences the functions of the brain, it is more than probable that many nervous and cerebral disturbances are the effect, in some instances, and not the cause, as commonly imagined, of deranged secretion. Delta.

Theatre of Anatomy, Webb-street.
March 11, 1837.

CLOSURE OF POST-MORTEM SECTIONS.

To the Editor of The Lancet.

Sir:—A correspondent in a recent number of your valuable Journal, regrets the

want of a safe and simple instrument for the closure of the body after post-mortem examinations, and, at the same time, suggests a contrivance to obviate the accidents so frequently occurring from wounds of the common needle.

His suggestions, although ingenious, if carried into effect, would not, I think, with deference to his opinion, ever be in general use, for it would render this simple operation complicated and difficult, causing the necessity for the use of more than one instrument. I, therefore, beg to submit to the profession a needle with a self-acting guard, constructed by me. This needle is at all times blunt, except when pressed forward by the finger applied to the eye end of the needle. Immediately the presure is removed it again becomes blunt, so that whether inserted into the skin, or hanging by the thread, it cannot wound the hand, even if knocked against it. The accompanying wood-cut will fully explain my contrivance, which, although so simple, I hope you will consider worth a corner in your Journal. I am, Sir, you obedient servant,

62, Strand, March 10. F. F. Weiss.

REPLY OF DR. SPILLAN

TO THE

REVIEWER OF HIS TRANSLATION

OF THE

PHARMACOPŒIA.

"Quod medicorum est,
Promittunt medici; tractent fabrilia fabri."
Horace.

To the Editor of The Lancet.

Sir:—It has been sometimes urged, as an objection to the utility of a liberal education, that it too often unfits the person who receives it for the more active business of the world; that it incapacitates him, in fact, for what some person has called the "minor concerns of life," namely, the consideration of pounds, shillings, and pence. We could, however, adduce some instances to show that this result does not always follow. A very striking instance of an exception presented itself recently in the matter of the new *London Pharmacopœia*. A threat, purporting to emanate from the London College of Physicians, went the rounds of the different papers and periodicals, in which it was stated, that the College had sanctioned one particular gentleman to publish a translation of the Pharmacopœia, and that law proceedings would be instituted against any other person who should presume to publish a translation of the same book. That this threat was but a manœuvre on the part of some interested person, or persons, I was satisfied for many reasons: 1st. I very naturally considered, that the College possessed too high a sense of its own dignity to suffer itself to be made a catspaw for the private emolument of any person. 2ndly. I saw that to the published threat the name of the Registrar of the College was not annexed, which proved at once that the College had nothing to do with the matter, although it was subjected to no inconsiderable obloquy, in consequence of being supposed to sanction so odious a monopoly. Finding that no member of the College evinced any disposition, in consequence of the threat held out, to attempt a translation of the work, I determined to undertake it. I now find that my having done so has aroused very angry feelings in the gentleman said to be appointed by the College to translate the work, and has led him to the adoption of measures totally irreconcileable with professional etiquette. Among these I do *not* allude to the *philippic* contained in the last Number of The Lancet, bearing the signature of Mr. S. A. Sandall, the chemical assistant of the gentleman, but for which I shall consider myself indebted to the translator himself, who is the real author of the production.

The first "inaccuracy" noticed, is in my remarks on acetic acid, wherein I state that 1000 grs. (not 1,000, as the reviewer erroneously has it), "should saturate 148 grs. of cryst. carbonate of soda." In support of my statement I could adduce the very first authority, Dr. Paris. (See the last edition of his *Pharmacologia*, p. 337.)

In my remark on hydrochloric acid, I say that "its not acting on gold leaf, proves the absence of nitric acid." The reviewer objects to this, and says, very pertly, that "its non-action proves the absence of chlorine." I beg leave to ask him, Whether it is not by the action of nitric acid on the hydrochloric acid that the chlorine is produced, and therefore the presence of chlorine argues that nitric acid had entered as an impurity into the hydrochloric acid. In my quotation from Dr. Paris, on the subject of hydrocyanic acid, which quotation the candid reviewer says "may be right," but which quotation I take leave to tell him he knows to be right, I shall merely say, that I have been so long accustomed to rely on the authority of that gentleman, that I could not for a moment suspect him of inaccuracy. By the way, I shall take this opportunity of suggesting to the reviewer that he might have left the detection of Dr. Paris's inaccuracy to some one else, for reasons well known to himself, and not entirely unknown to one or two others. *Verbum sap.* I wish

it to be understood that I identify the translator and the reviewer.

Another inaccuracy is my using the vulgar, obsolete term, "sulphuretted hydrogen," aye, not less than three times, gentle reader, instead of the more fashionable term "hydrosulphuric acid." To this I reply, that the objection to my term is puerile; it is redolent, in fact, of the thing whose name forms the subject of the criticism. "The rose by any other name would smell as sweet." The same may be said of the term "muriatic acid."

And now that we are on the subject of new names, I cannot help remarking, that their introduction into the Pharmacopœia is much more calculated to mislead both the student and the practitioner, than the inaccuracies with which I have been charged by the translator. Nay, I shall go so far as to say, that in some instances these names are in direct violation of the principles of chemical combination. But on this part of the subject nothing shall induce me to say another word. There is an old saying, that "'Tis a foul bird that soils his own nest;" and the public have been so kind as to nestle me in, and in a manner to identify me with the new "Pharmacopœia Londinensis," so completely, indeed, that Mr. Phillips cannot himself possibly feel more interested in its future success, and, only that it might be too cruel and too provoking, I would go so far as to say, that he cannot possibly feel more gratified, nay, more delighted, than I feel, at its present success. With respect to the "incorrect" diagram, as the reviewer calls it, borrowed from Dr. Reid, I shall merely observe, that Dr. Reid, as the reviewer probably knows from experience, is very well able to defend himself.

With respect to Dr. Ure's method of trying the strength of any solution of hydrocyanic acid, I use the term "prussiate," or "hydrocyanate of mercury," instead of "cyanuret." In this the reader will see that I am rather old-fashioned, than wrong. With respect to the criticism on chloride of lime, read "partially" instead of "probably." This was a misprint, and amongst some of the other inaccuracies, occasioned by my anxiety to have my book out, to keep company with Mr. Phillips's Pharmacopœia; I was always partial to good company. The error in the symbol for carbonate of soda, is another misprint, and was corrected by me, *three weeks ago*, at my publishers.

And now, having dwelt sufficiently long on the inaccuracies noticed by Mr. Phillips, (he must excuse me for still holding myself indebted to him for the kindness), I shall conclude by stating, that to fair and candid criticism I have no objection; it is what the public are entitled to, and that to which every man who sends a book into the world must be liable; let it not, however, be suggested, or soured, by motives of ungenerous resentment, nor prompted by the calculations of sordid pelf. Among the real inaccuracies, there does not occur a single one of a character which is calculated to endanger the life, or infringe on the health, of a human being. I have in no instance advised the administration of 30 minims of the *liquor arsenicalis* three times a-day. The dosing of such powerful medicines is not a matter to be relied on when coming from persons who are not accustomed to prescribe medicines, or to see their effects on the human system. We readily admit the comparative harmlessness of allowing such persons to dispense those mild preparations, so often resorted to in slight cases, such cases as those, for instance, which are alluded to by Juvenal, in his thirteenth Satire, where he says,—

"Tu venam vel discipulo committe PHILAPPI;"

but in cases where life is at stak
where violent medicines are emp
must be more cautious. I a
obedient servant,

4, Francis-street, Bedford-
March 8th, 1837.

*** Mr. Phillips really
from the necessity of occu
our pages with a disavo
ship of the communicati
Dr. Spillan. The name
was attached to the letter
dall only is responsible for
Ed. L.

UNIVERSITY COLLEGE MEDIC... SOCIETY.

Friday, March 3.—Mr. Morton, President.

REMARKABLE SPECIMENS OF MORBID ANATOMY.

Mr. Morton detailed three cases of peculiar interest, which had lately come under his notice in the dissecting-room. They were as follows:—

1. *Blindness of the left eye, atrophy of the left optic nerve, and osseous cyst within the eyeball.*—The body of a female, aged 93, was lately brought into the dissecting-room of University College. The left eye was observed to be much altered from its natural appearance. Its cornea was completely opaque, and of a dull pearl colour, presenting in its centre the remains of an old ulcer, which had become cicatrized. The cicatrix presented a yellowish colour, intermingled with the pearly colour of the rest of the cornea. The eyeball had lost its natural degree of sphericity, being somewhat

smaller than that of the right side, and irregularly compressed. It weighed rather heavier than the right eyeball, which was healthy. The sclerotic was more than double its natural thickness, and very dense. The choroid was quite pale, no pigment existing either on its outer or inner surface. Within the choroid an osseous cyst was found, in the cup-like form of the eyeball, and extending from the entrance of the optic nerve to the posterior surface of the iris, where it was inflected inwards, to the centre of the axis of the eye. The cyst was of perfect bone, arranged in a fine reticulate texture. This osseous cyst was filled with a thin, aqueous fluid, very unlike the natural vitreous humour. From the point of entrance of the optic nerve to the posterior surface of the iris, existed a whitish band, soft and flexible. Its expansion was greatest at its anterior extremity, where it was attached to the bony substance which occupied the situation of the pupil. The lens was absent, and the iris pale, and without the uvea, lay in close apposition to the ...ner surface of the cornea, obliterating the ...erior chamber. The muscles of the eye- ... as well as the various nerves and ves- ... which supply the part within the ... were of full size, and presented no ... difference from those in the orbit ... ound eye. The lenticular ganglion ...ticularly well developed. The or- ... adequately filled with fatty tissue. ...tic nerve was only a quarter of the ... that of the opposite side, was soft- ... and changed to a reddish colour. ...optic tracts, behind the commissure, ...e of the same appearance. The oppo- ...te eye was nearly healthy. From the absence of any history of the condition of the individual before death, any opinion on the origin, or progress, of the disease, he (Mr. M.) must give with some reservation. But it appeared to him, that the eye had been probably subject to staphyloma, previous to the development of the osseous cyst; that the lens had escaped through the ulcer, the remains of which were still obvious in the cornea; and that the humours of the eye had also escaped, either wholly or in part. That these changes must have been of old date, he thought was, indeed, probable, by the development of so completely formed an osseous cyst.

2. *Absence of the glutei, gemellus inferior, quadratus femoris, and other muscles.*—The body was that of an aged female. The right lower extremity was four inches shorter than the left, and much diminished in all its other proportions. None of the glutei muscles existed, a mass of fat forming a substitution in their place. The pyriformis, gemellus inferior, and quadratus femoris, were likewise absent, their place was occupied by adipose tissue. The gemellus superior, and obturator internus, were exceedingly diminished in size, and nearly devoid of fleshy fibre. The obturator externus, though small, was more muscular than the rest. The gluteal vessels and nerves were not larger than the frontal nerve and artery. The lesser sciatic nerve did not exist, and the great sciatic nerve was not so large as a saphena nerve below the knee. The internal pudic nerve and artery, on the contrary, were fully developed. The os innominatum of the same side was not larger than that of a subject ten years of age; the opposite one was fully developed. The same striking diminution existed in all the bones of the extremity, and below the knee no muscular fibres whatever existed, nothing but the integument and adipose tissue, mingled with some aponeurotic, being present. The cause of this deviation from the natural structure, appeared to have existed in the diseased condition of the hip-joint, the acetabulum being very much deeper than natural, produced chiefly by its projecting inwards towards the centre of the pelvic cavity. The head of the femur was flattened, and its surface very irregularly divided into two portions by a very wide and deep sulcus. The neck of the bone was much shortened, and projected at right angles from the trochanter major. The spinal column had acquired a considerable degree of lateral curvature, so as to bring the weight of the upper part of the body within the base of support afforded by the left limb. Mr. Morton said, that this case afforded a valuable illustration of "atrophy from diminished exercise of the functions of an organ," it being probable, that this female had been subject to scrofulous disease of the hip, terminating in destruction of the motions of the joint, and that the muscles, being no longer put into exercise, wasted away, their places becoming filled by adipose tissue. The arrest in the development of the osseous part of the extremity was also dependant on the same cause.

3. This was a case, in which the popliteal artery was accompanied by two veins instead of one as usual. The two veins lay one on each side and beneath the popliteal artery, and united to form the femoral vein, in the sheath formed by the triceps and adductor magnus, for the femoral artery.

March 9.—Mr. Ellis, President.

DISEASE OF THE HIP-JOINT PRODUCING CONTRACTION OF THE PELVIS.—REMARKABLE ARTIFICIAL JOINT.

After a paper on "diseases of the joints," by Mr. PLUES had been read, Mr. LANKES-

it to be understood that I identify the translator and the reviewer.

Another inaccuracy is my using the vulgar, obsolete term, "sulphuretted hydrogen," aye, not less than three times, gentle reader, instead of the more fashionable term "hydrosulphuric acid." To this I reply, that the objection to my term is puerile; it is redolent, in fact, of the thing whose name forms the subject of the criticism. "The rose by any other name would smell as sweet." The same may be said of the term "muriatic acid."

And now that we are on the subject of new names, I cannot help remarking, that their introduction into the Pharmacopœia is much more calculated to mislead both the student and the practitioner, than the inaccuracies with which I have been charged by the translator. Nay, I shall go so far as to say, that in some instances these names are in direct violation of the principles of chemical combination. But on this part of the subject nothing shall induce me to say another word. There is an old saying, that "'Tis a foul bird that soils his own nest;" and the public have been so kind as to nestle me in, and in a manner to identify me with the new "Pharmacopœia Londinensis," so completely, indeed, that Mr. Phillips cannot himself possibly feel more interested in its future success, and, only that it might be too cruel and too provoking, I would go so far as to say, that he cannot possibly feel more gratified, nay, more delighted, than I feel, at its present success. With respect to the "incorrect" diagram, as the reviewer calls it, borrowed from Dr. Reid, I shall merely observe, that Dr. Reid, as the reviewer probably knows from experience, is very well able to defend himself.

With respect to Dr. Ure's method of trying the strength of any solution of hydrocyanic acid, I use the term "prussiate," or "hydrocyanate of mercury," instead of "cyanuret." In this the reader will see that I am rather old-fashioned, than wrong. With respect to the criticism on chloride of lime, read "partially" instead of "probably." This was a misprint, and amongst some of the other inaccuracies, occasioned by my anxiety to have my book out, to keep company with Mr. Phillips's Pharmacopœia; I was always partial to good company. The error in the symbol for carbonate of soda, is another misprint, and was corrected by me, *three weeks ago*, at my publishers.

And now, having dwelt sufficiently long on the inaccuracies noticed by Mr. Phillips, (he must excuse me for still holding myself indebted to him for the kindness), I shall conclude by stating, that to fair and candid criticism I have no objection; it is what the public are entitled to, and that to which every man who sends a book into the world must be liable; let it not, however, be suggested, or soured, by motives of ungenerous resentment, nor prompted by the calculations of sordid pelf. Among the real inaccuracies, there does not occur a single one of a character which is calculated to endanger the life, or infringe on the health, of a human being. I have in no instance advised the administration of 30 minims of the *liquor arsenicalis* three times a-day. The dosing of such powerful medicines is not a matter to be relied on when coming from persons who are not accustomed to prescribe medicines, or to see their effects on the human system. We readily admit the comparative harmlessness of allowing such persons to dispense those mild preparations, so often resorted to in slight cases, such cases as those, for instance, which are alluded to by Juvenal, in his thirteenth Satire, where he says,—

"Tu venam vel discipulo committe Philippi;"

but in cases where life is at stake, and where violent medicines are employed, we must be more cautious. I am, Sir, your obedient servant,

D. Spillan.

4, Francis-street, Bedford-square,
March 8th, 1837.

*** Mr. Phillips really stands absolved from the necessity of occupying any part of our pages with a disavowal of the authorship of the communication criticised by Dr. Spillan. The name of Mr. Sandall was attached to the letter, and Mr. Sandall only is responsible for its contents.—Ed. L.

UNIVERSITY COLLEGE MEDICAL SOCIETY.

Friday, March 3.—Mr. Morton, President.

REMARKABLE SPECIMENS OF MORBID ANATOMY.

Mr. Morton detailed three cases of peculiar interest, which had lately come under his notice in the dissecting-room. They were as follows:—

1. *Blindness of the left eye, atrophy of the left optic nerve, and osseous cyst within the eyeball.*—The body of a female, aged 93, was lately brought into the dissecting-room of University College. The left eye was observed to be much altered from its natural appearance. Its cornea was completely opaque, and of a dull pearl colour, presenting in its centre the remains of an old ulcer, which had become cicatrized. The cicatrix presented a yellowish colour, intermingled with the pearly colour of the rest of the cornea. The eyeball had lost its natural degree of sphericity, being somewhat

smaller than that of the right side, and irregularly compressed. It weighed rather heavier than the right eyeball, which was healthy. The sclerotic was more than double its natural thickness, and very dense. The choroid was quite pale, no pigment existing either on its outer or inner surface. Within the choroid an osseous cyst was found, in the cup-like form of the eyeball, and extending from the entrance of the optic nerve to the posterior surface of the iris, where it was inflected inwards, to the centre of the axis of the eye. The cyst was of perfect bone, arranged in a fine reticulate texture. This osseous cyst was filled with a thin, aqueous fluid, very unlike the natural vitreous humour. From the point of entrance of the optic nerve to the posterior surface of the iris, existed a whitish band, soft and flexible. Its expansion was greatest at its anterior extremity, where it was attached to the bony substance which occupied the situation of the pupil. The lens was absent, and the iris pale, and without the uvea, lay in close apposition to the inner surface of the cornea, obliterating the anterior chamber. The muscles of the eyeball, as well as the various nerves and vessels which supply the part within the orbit, were of full size, and presented no obvious difference from those in the orbit of the sound eye. The lenticular ganglion was particularly well developed. The orbit was adequately filled with fatty tissue. The optic nerve was only a quarter of the size of that of the opposite side, was softened, and changed to a reddish colour. The optic tracts, behind the commissure, were of the same appearance. The opposite eye was nearly healthy. From the absence of any history of the condition of the individual before death, any opinion on the origin, or progress, of the disease, he (Mr. M.) must give with some reservation. But it appeared to him, that the eye had been probably subject to staphyloma, previous to the development of the osseous cyst; that the lens had escaped through the ulcer, the remains of which were still obvious in the cornea; and that the humours of the eye had also escaped, either wholly or in part. That these changes must have been of old date, he thought was, indeed, probable, by the development of so completely formed an osseous cyst.

2. *Absence of the glutei, gemellus inferior, quadratus femoris, and other muscles.*—The body was that of an aged female. The right lower extremity was four inches shorter than the left, and much diminished in all its other proportions. None of the glutei muscles existed, a mass of fat forming a substitution in their place. The pyriformis, gemellus inferior, and quadratus femoris, were likewise absent, their place was occupied by adipose tissue. The gemellus superior, and obturator internus, were exceedingly diminished in size, and nearly devoid of fleshy fibre. The obturator externus, though small, was more muscular than the rest. The gluteal vessels and nerves were not larger than the frontal nerve and artery. The lesser sciatic nerve did not exist, and the great sciatic nerve was not so large as a saphena nerve below the knee. The internal pudic nerve and artery, on the contrary, were fully developed. The os innominatum of the same side was not larger than that of a subject ten years of age; the opposite one was fully developed. The same striking diminution existed in all the bones of the extremity, and below the knee no muscular fibres whatever existed, nothing but the integument and adipose tissue, mingled with some aponeurotic, being present. The cause of this deviation from the natural structure, appeared to have existed in the diseased condition of the hip-joint, the acetabulum being very much deeper than natural, produced chiefly by its projecting inwards towards the centre of the pelvic cavity. The head of the femur was flattened, and its surface very irregularly divided into two portions by a very wide and deep sulcus. The neck of the bone was much shortened, and projected at right angles from the trochanter major. The spinal column had acquired a considerable degree of lateral curvature, so as to bring the weight of the upper part of the body within the base of support afforded by the left limb. Mr. Morton said, that this case afforded a valuable illustration of "atrophy from diminished exercise of the functions of an organ," it being probable, that this female had been subject to scrofulous disease of the hip, terminating in destruction of the motions of the joint, and that the muscles, being no longer put into exercise, wasted away, their places becoming filled by adipose tissue. The arrest in the development of the osseous part of the extremity was also dependant on the same cause.

3. This was a case, in which the popliteal artery was accompanied by two veins instead of one as usual. The two veins lay one on each side and beneath the popliteal artery, and united to form the femoral vein, in the sheath formed by the triceps and adductor magnus, for the femoral artery.

March 9.—Mr. Ellis, President.

DISEASE OF THE HIP-JOINT PRODUCING CONTRACTION OF THE PELVIS.—REMARKABLE ARTIFICIAL JOINT.

After a paper on "diseases of the joints," by Mr. PLUES had been read, Mr. LANKES-

TER related the following interesting case of hip-joint disease, with relation to the one mentioned by Mr. MORTON at the last meeting:—

J. M., aged 22, was an obstetric patient of the *North London Hospital*. On the 18th of January, Dr. DAVIS was sent for to assist her, a midwife, who had been in attendance thirty-six hours, having been unable to accomplish delivery. The head of the child was found presenting at the outlet, but so closely impacted as to render the introduction of the forceps impossible. The head had been in this position twenty-four hours. Delivery was speedily effected by means of craniotomy. She sank about a fortnight after the operation. The following history was obtained. When five years of age she fell down whilst running, and in consequence of injury sustained, was taken into the *Middlesex Hospital*, and there remained for some months. The right leg became shortened, and an abscess formed, bursting below and behind the great trochanter, and discharged constantly, more or less, ever after. During the last five years she had walked very well, with the assistance of a shoe having a sole four inches thick. In June last she again injured the affected side; she was then pregnant. The abscess became worse, and she has been obliged ever since to keep her bed.

Post-mortem examination.—A sinous opening was observed, extending externally from behind the great trochanter On opening the uterus, its inner surface was found black and sloughing. The same condition of parts existed in the vagina, several sloughing points being present in the substance of both these organs. On examining the hip-joint, the head and neck of the femur were found entirely gone, and the femur projecting two inches above the pubis. On the horizontal ramus of the pubis, between the thyroid foramen and the acetabulum, was found a condyloid process, of considerable size, which articulated with a shallow cotyloid cavity formed in the femur, below and inside the small trochanter. Both the process and cavity were covered by cartilage, and surrounded by a capsular ligament. The acetabulum was ulcerated through into the pelvis. Under the obturator, and surrounding the opening into the acetabulum, a large quantity of cheesy matter had formed. There was much thickening of the soft parts lining this portion of the pelvis.

Mr. LANKESTER called attention to two points in this case:—First, to the remarkable artificial joint. Secondly, to the contraction of the pelvis, requiring the performance of the operation of craniotomy in delivery. He had not taken the measurement of the pelvis, but from the preparation, which was placed in the museum of the college, it would seem to be very small, and this undoubtedly arose from the hip-joint disease. In Mr. Morton's case, the arrest of development, consequent upon disease of the hip, was very remarkable; and from the measurements of the outlet of the pelvis, had she been the subject of pregnancy, instrumental aid would have been necessary in delivery. He inferred, from these cases, that hip-joint disease might be enumerated as a cause producing contraction of the pelvis, and, therefore, requiring attention from the obstetrician.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

March 4, 1837.—*Dr. Bright, President.*

PATHOLOGY OF THE URINE.

A PAPER was read, containing some suggestions by Dr. BOSTOCK, on a plan for obtaining, with greater precision, a knowledge of the principle pathological condition of the urine. The author adverts to the fact, that our knowledge of the changes in the chemical and physical properties of the urine, and the relation which these bear to the morbid changes in the constitution, is less than might have been anticipated from the numerous experiments performed upon it. To obviate this defect, he suggests to practitioners, to institute a series of what may be called statical experiments, made precisely in the same mode, and, consequently, admitting of direct comparison with each other. In the prosecution of this plan, an individual of sound constitution and regular habits, was selected as the standard of comparison. The average healthy state of the urine of this individual, and, afterwards, the nature and amount of the occasional deviations, with the causes to which these were referable, were ascertained. This object being first secured, we may compare this standard case with other individuals, noting the differences of constitution, habits, &c. The circumstances which the author has selected for experiments are the following:—External character, including colour, odour, clearness, specific gravity, &c.; degree of acidity, presence and amount of albumen, amount of residuum after evaporation, proportion of this soluble in alcohol, amount of saline contents, of calcareous salts, and spontaneous changes. As a specimen of the tabular form, the author subjoins a synopsis of some experiments performed on the urine of the healthy individual, and also on that of the patient with exostosis, whose case was read at a late meeting.

NEW INSTRUMENT FOR APPLYING LIGATURES TO UTERINE, NASAL, AND OTHER POLYPI.

A paper was read, containing a description of two new instruments, the first for tying polypi of the uterus, nose and ear, and enlarged tonsils; the other for sewing together the edges of vesico-vaginal, and recto-vaginal fistulæ, by Mr. WILLIAM BEAUMONT, surgeon to the Islington Dispensary. The advantages attending the use of the former instrument, the author considers to consist in the greater facility of applying the ligature, in its exerting a greater power of constriction, and in its being capable of being removed as soon as the noose is tied, without any diminution of the degree of constriction. The author relates four cases; three of polypus in the meatus auditorius externus, the other in the nostril, in which he had operated with his instrument; in all the relief remains complete, so far as he is aware; and in the three former instances, the hearing of the patient was, to a great degree, restored, immediately after the operation. The paper was accompanied by diagrams of the several instruments; and the instruments themselves were exhibited and explained by the author.

Mr. LLOYD considered the instruments to be ingenious, but as polypi in the ear were uncommon, the growths of that part being generally of a fungous character, and springing from an ulcerated surface, ligature in these cases would not effect a cure. Polypi of the nose frequently sprang from a broad base, and involved the parts to such an extent, that it would be difficult to apply a ligature with much benefit.

Mr. BEAUMONT referred to those cases in which he had used the instrument. In polypi of the ear, the growth was not only removed, but the hearing was restored, almost entirely in two cases, partially in one. He had only used it in one case of polypus nasi, and in that it was successful.

Mr. PERRY mentioned a case in which he had employed Mr. Beaumont's instrument, for applying sutures to vesico-vaginal fistulæ, with great benefit. Hare-lip sutures had been previously applied, but these cut their way out.

Mr. EARLE also spoke of the benefits likely to arise from the use of this instrument in those formidable aad almost incurable affections, vesico-vaginal fistulæ, &c. He also read a letter from the Home Office, stating, in answer to an application from the Council of the Society, for rooms in Somerset-House, that none were vacant. He (Mr. E.) did not regret this; the Society had flourished much in its present situation, and he had no doubt it would continue to do so.

THE LANCET.

London, Saturday, March 18th, 1837.

INFLUENZA.

LAST week we offered some general remarks on the history and symptomatology of influenza, as it has appeared on different occasions since the year 1580, including its recent progress through Europe in 1836 and 1837. Some important points of this widely-spread and anomalous affection, not then discussed, we shall now briefly mention, and, in doing so, the question, Can the influenza, or grippe, be propagated by contagion? first comes before us. The almost universally-declared opinion of medical men, in all quarters of Europe, against a reply to the inquiry in the affirmative, would seem to render any observations upon this point unnecessary. However, as we find a disposition to indulge in that view of the question, entertained by a few respectable practitioners here; and as a decree has just been published by one of the European states, ordaining that British ships shall undergo, at this time, a certain quarantine, it may be expedient to declare, that the history of influenza affords no reason whatever for supposing that the disease has ever been propagated by contagion. The idea, indeed, could only have arisen from a most imperfect view of the complaint. The fact is, that the number of "contagious" diseases (so classed) is yearly diminishing. The calendar of self-propagatives is fast becoming blank. The circumstances under which diseases originate and extend, are daily being investigated with a more philosophic spirit, and the result is, that, instead of a long list of contagious affections, the nature of which originally rested on theory in place of observation, and entailed with it a host of absurdities and inconveniences, we now admit only six or seven, and even that number will, probably, be reduced as knowledge advances.

Influenza, we repeat, is not a contagious disease; the manner of its propagation differs most essentially from that of diseases which are properly called "contagious;" and the unexampled rapidity with which it has overrun localities, and even kingdoms, renders it impossible to allow the supposition of transmission from one human body to another.

The next question to be examined is, What is the nature of grippe? Under what class of disorders should it be arranged in the nosological scale? Is influenza a common inflammation of the bronchial mucous membrane, producing catarrh, or is it a disease, *sui generis*, connected with, or depending on, atmospheric influence? The latter view seems, to a certain degree, to be the only admissable one. Influenza resembles bronchitis in the febrile attack, the cough, &c.; but, on the other hand, the characters which separate the former from the latter disease, are too well marked and distinct to allow of their being confounded, or even classed together. The march of influenza is quite different from that of bronchitis. The extraordinary feebleness of the muscular system, resembling that with which typhus fever commences, observed at the beginning of influenza, is a symptom which is never seen in affections of the respiratory apparatus, if, perhaps, we except pneumonia senilis. In a great majority of cases of influenza we can detect no *râle* whatever, on auscultating the patient's chest; in many cases there is no expectoration, or when the latter exists the expectorated matter is quite different from the sputa of an individual who is labouring under catarrh. It is unnecessary to adduce additional examples of the differences which exist between influenza and common bronchitis. Had medical practitioners sufficiently attended to them, they would have avoided the error into which so many fell at an early period of the epidemic, viz., that of bleeding copiously, under the idea of the existence of inflammatory bronchitis, or of a purely febrile complaint.

The morbid anatomy of influenza has not been studied in this country in a manner which is calculated to throw much light on its nature, or on the nature of its pathological cause. Practitioners were too ready to say, "My patients died in a state of suffo-"cation from accumulated mucus in the "bronchi; from spasm of the minute air-"tubes; from pneumonia, &c.," without endeavouring to ascertain, by careful and minute inspection of the body, the exact changes that were produced within the cavity of the chest, or in other organs. It is true, that a great majority of patients is represented as having been cut off by an aggravation of some acute or chronic disease, whose existence preceded the development of the influenza; but in all cases where the complaint terminated fatally, and without any indirect complication, it would be a matter of the highest interest to determine the *exact* nature of the morbid changes observed in the lungs and other viscera. We mention this with the hope that some practitioner who has had an extensive opportunity of observing this disease, and has noted the post-mortem appearances with care and minuteness, will furnish the data which are now wanting. Mr. Bryant stated, at the *London Medical Society*, that he had examined five fatal cases, in which he found the minute bronchial tubes filled with a viscid secretion, while the mucous membrane lining the bronchi was thicker and redder than in the normal state. In one or two cases a portion of the lungs was solidified; such a summary of the morbid appearances of influenza is by far too general and concise to permit any conclusions to be drawn from it. Mr. Bryant omits even to mention, if our report be correct, whether the solidification resembled or not that which is seen in common inflammation of the pulmonary parenchyma. As to the morbid appearances observed in the fatal cases which occurred in Paris, where the bodies were examined with the utmost care, traces of pneumonia were almost constantly found. In five cases which M. Nonat had occasion to treat, and to inspect after death, that surgeon found that the bronchial tubes leading from the inflamed portion of the lung, contained a number of white, elastic, pseudo-membranous cylinders, which were insoluble in water and in acids. The cylinders did not adhere to the sides of the bronchi, and were generally solid, two characters which distinguish them, in a marked manner, from the false membranes of croup. The mucous membrane of the bronchi in contact with these cylindrical concretions, was excessively red, but the author omits to mention whether it was thickened, or soften-

ed, as in inflammation. Since the occurrence of M. NONAT's cases, M.M. BRICHETEAU and JADIOUX observed similar appearances in two other patients who had died at the *Hospital Necker*. Should the pathological change now described be found in any large proportion of cases, it would account, in a great measure, for some of the peculiar features of influenza when fatal.

What has just been mentioned, naturally leads to the question, How far is bloodletting admissible in cases where the disease seems to be complicated with pneumonia? Dr. CLUTTERBUCK, and Dr. WHITING, a practitioner residing in Southwark, advocated a full abstraction of blood, while a great majority of the profession was adverse to bleeding in any form. We think that some confusion has arisen from practitioners not having sufficiently distinguished the *simple* cases of influenza from such as were *complicated*; and from their not remembering this grand feature of epidemic diseases in general, viz., that their character frequently changes during the course of the epidemic, and, consequently, that a method of treatment which is applicable in a certain stage, or complication, of the disease, during the first week of the prevalence of the epidemic, may be quite unfit for the same stage of the disease, or for the same complication (pneumonia, for example,) during the third, fourth, or fifth weeks, or near the time of its decline. It is certain that, at the commencement of epidemic influenza, the stethoscopic signs of pneumonia were but imperfectly marked, although post-mortem examinations revealed the positive existence of inflammation of the pulmonary parenchyma; while, on the other hand, after the disease had prevailed in any locality for a certain time, the pneumonia seemed to lay aside its *catarrhal* character, if we may use the expression, and assume a more decided form, being attended with all the stethoscopic signs which before were feeble or absent. It is probable that abstraction of blood would not suit the former set of cases. The latter seemed to bear bleeding well, in the examples which our correspondent in Paris saw; and we know that M. LOUIS (of *La Pitié*) bled all his patients of this second category, at least twice, with the best effect.

On examining, since writing the above, some reports from medical societies for Feb. 11th and 13th, which, having been mislaid at the time, were not published by us, we find in the manuscript that Dr. ADDISON described, at the *Westminster Medical Society*, on the former date,—

"The following morbid appearances observed by him in some cases of influenza which had come under his notice. In those patients in whom the affection had supervened on old bronchitis, and proved fatal, only the ordinary signs of bronchitis were evident after death. In cases of severity, without previous organic disease, he had noticed a great tendency to pericarditis. He mentioned a case in which pneumonia, bronchitis, pleuritis, and pericarditis supervened on the influenza. The pleurisy was on the right side, and passed rapidly on to all the symptoms of effusion. The man was in a state of great agony, a consultation was held, and it was deemed advisable to explore the chest. Dr. Davis's needle was accordingly introduced, no fluid at first escaped, but, after a little shaking, about half a pint of limpid transparent serum oozed out; a trochar was introduced, and six pints and a quarter of this kind of serum, with some pus, were evacuated. The man became faint, but support was administered, and the pulse rose, and he was materially relieved. In the evening, however, he was seized with great distress of respiration, the result of diaphragmitis, &c. The following day he died in a paroxysm. On examining the body scarcely a cubic inch of the lungs was found free from disease; considerable purulent infiltration was present. There were, also, the usual signs of pleurisy and pericarditis, though no lymph was effused on the pericardium, as is usually observed in previously strong patients."

As a specimen of the slight degree of reliance which can be placed on conclusions drawn from individual and isolated observations, on such serious subjects as contagion, non-contagion, &c., we subjoin the following extract from another of the reports of the Medical Societies:—

"Mr. WHITMORE, who practised in the same neighbourhood as Mr. Clifton, said that he had noticed, as Mr. Clifton had done, in his own circle, that all the patients whom he (Mr. W.) had attended with influenza, were attacked at the *same time*, namely, on the first Thursday or the first Friday night of the year. In Italy, he believed, that the epidemic diseases always occurred in the inhabitants of a whole district simultaneously.

"Mr. EVANS said, that this was not in accordance with *his* experience. Even in his own family, one member of it after another,

at intervals of several days, had become affected with the complaint.

"Mr. HOOPER observed, that he had noticed the peculiarity mentioned by Mr. Whitmore. He had found, in all the cases which he had attended, that the affection made its *debut* in the first week of the present year.

"Mr. PROCTER, on the contrary to both these opinions or observations, had noticed the influenza to have *three stages*. In the commencement it appeared to be *common catarrh*. It then affected those persons who had been attacked, with *catarrh and low nervous fever*, with a disposition to inflammation in some part of the mucous membrane; but which, want of power in the system failed to establish; and he now noticed a great disposition in the public to attacks of low fever, unconnected with any irritation of the membranes. He added, that he had never seen so much depression in any kind of fever as in the influenza, and this was generally noticed. In a communication which he had lately had from the country, a surgeon of an union had informed him, that, since the 14th of January, he had attended 360 patients with the epidemic, in all of whom this state of depression was present after the severer stage of the disease was passed. He (Mr. P.) had, however, within the last two or three days, found it necessary to abstract blood in a case of fever.

"Dr. CLUTTERBUCK said, that he had seen nothing to induce him to alter his opinion respecting blood-letting in the epidemic, since reading his paper to the Society. With the cautions which he had then inculcated, bleeding was undoubtedly, so far as his experience went, calculated to be beneficial in the treatment."

A CORRESPONDENT, who announces himself as "A PUPIL OF GUY'S HOSPITAL," urges as a defence of Mr. MORGAN, of that institution, in reply to the complaint that Mr. MORGAN has given but one clinical lecture this winter, that Mr. MORGAN in that lecture "refrained from making any promise "to deliver clinical lectures, and specified "no time for his next lecture, but distinctly "said, that when any case occurred which "he considered to be of sufficient interest, "he would again meet the pupils, but not "until then. The promise, therefore, of "their respected teacher was made under "certain conditions, which the pupil who "has written to THE LANCET has found it "convenient to forget."

This is the defence of Mr. MORGAN! Why, the subterfuge to hide the crime is almost worse than the crime itself. But the excuse does not come from the pen of Mr. MORGAN. No, that "respected *teacher*,"—as his apologist, with bitter, though undesigned mockery entitles him—prefers a guilt-like silence to a mean excuse. The preference does honour to his candour; yet the coolness with which he retains in his pocket a large share of the contributions levied on the pupils in October last, when Mr. MORGAN was advertised as a surgeon to *Guy's Hospital*, and the hospital was advertised as a school of instruction in which "clinical lectures would be given by the surgeons" (and no other means of *teaching* a large number of young men exists in a public hospital),—the perfect unconcernedness with which Mr. MORGAN's division of the plunder is retained, can only be matched by the coolness with which a pupil of the hospital informs us, that six months ago Mr. MORGAN said, that "when any case occurred, "which he considered to be of sufficient "interest, he would again meet the pupils." Mr. MORGAN's testimony to the number of "interesting" cases afforded by a hospital containing five hundred beds, would be valuable to a discriminating pupil with "twenty-six pounds six shillings" in his purse in the month of October.

But the state of things disclosed by these simple facts is scandalous. The law, however, must effect what the press can only recommend. As for the pupils, in all matters concerning the enforcement of their own rights, their ideas and exertions seem to be as yet only in the stage of infancy.

BUST OF DR. TURNER.—The students of *University College* have determined on erecting a marble bust of the deceased in the college. Subscriptions are making among both the later and the older pupils.

WESTMINSTER HOSPITAL.

LITHOTOMY.

Saturday, Feb. 25, 1837. All the surgeons attended to-day in order to consult on a case of stone, in which lithotomy was deemed requisite. The patient was George Poole, aged between seven and eight years. Little of his previous history could be collected, his mother being an abandoned woman, who had left him to the casual care of strangers. He had been admitted several months before, under Mr. White, who treated him with sodaic and mucilaginous remedies, and supplied him with a nutritious diet. After the lapse of a month he was taken away by his mother, who for a couple of months subjected him to the operations of starvation and cold. He was re-admitted about a month ago, and has since been kept warm, and regularly fed. During his absence the accretion of the stone proceeded rapidly, but in the hospital not so quickly. He is a spare, leucophlegmatic subject. The operation was performed by Mr. Hale Thompson, who, after introducing the staff, took great care to ascertain the situation of the calculus. Some little difficulty was encountered in making the incision into the urethra, in consequence of the rectum protruding forward, and opposing itself to the edge of the scalpel, the child having a large prolapsus ani. The final cystotomy was made by the bistouri caché, and *two* calculi were extracted, one about as large as a thrush's egg, and the other of about the size of a skylark's. The outside layer of each was composed of phosphate of ammonia and magnesia. The patient having had a little wine and water, was carried to his bed.

During the progress of this operation, Sir ANTHONY observed, that lithotomy always would be a serious operation, even in the hands of the most skilful surgeon, for no two cases were found to be alike, and in some instances the anomalies were most remarkable. He had seen John Hunter and Mr. Cline both thrust the gorget between the rectum and the bladder, instead of penetrating the latter; and he thought, that when those two great men had committed such flagrant errors, those of less gifted practitioners might, therefore, occasionally be winked at. He (Sir Anthony) was the first surgeon in this country who employed the bistouri cachè. Seeing the accidents which frequently occur from thrusting "a spade" into the bladder, he had a shielded bistoury made, and, though an hospital surgeon of only twenty-two years of age, he had the boldness to be the first to construct and apply a new instrument in the performance of this important operation.

In the evening the boy was tranquil, and having had ten drops of laudanum administered in tea, slept well.

26. Has had a good night, but slight feverishness; the urine flows freely through the wound.

27. Slept well, without the aid of opium; very cheerful, and plays with another calculus patient of his own age.

28. Slept well without narcotics; his bowels act spontaneously.

Vespere. No signs of infiltration.

March 10. Fast improving.

DIABETES CURED.

To the Editor of THE LANCET.

SIR:—On the 10th of last December you were kind enough to insert in THE LANCET a case of diabetes, wherein Thomas Graham, Esq., of Kiverstone, after having suffered during some years under this awful complaint, was restored to health, with, sometimes a little change in the strength, or mode of mixing, the following formula, the variation consisting in mixing a little powdered gum acacia with it at the time:—

Powdered nux vomica, 5 grains; *precipitate of iron*, 1 scruple: *prepared chalk*, 1 drachm; *powdered opium*, 1 grain. Mix. Make a powder, one such to be taken three times a day in water.

I said that if he continued well I would say so. I am now happy to state that Mr. Graham has become stout, strong, and fresh-looking, and he can bear as much exercise as most men. Your obliged servant,

J. PEACOCK, M.D.

Darlington, Feb. 27th, 1837.

To the Editor.—SIR:—Will you allow me to inquire of you, if I can in law make a demand upon an unprincipled patient for the amount of the following bill, viz.:—

"Medicine and attendance. 20 visits, at 5s., £5. 7s. 6d."

The case was one of varicose ulcerated leg, and it was mutually agreed, though not before a witness, that I should see the patient four times a week, and charge 5s. a visit, the distance being above two miles. I am, Sir, your obedient servant,

A SURGEON.

13th March, 1837.

*** "A Surgeon" can recover the charges he has made, if he be a legally-qualified practitioner, and can support his case by testimony. The evidence of the servant of the patient would be sufficient for the purpose.—ED. L.

PERIODICAL RENEWAL OF THE VACCINE VIRUS.—The frequent occurrence of varioloid eruptions in persons who have already had the small-pox, together with some observations made on vaccinated individuals, have led many physicians to adopt the idea that it is prudent to renew vaccination on some day after an interval of seven years; others propose its renewal after the expiration of ten or fourteen years. The re-vaccination may be prudent, but we believe that the preservative force of the vaccine matter is as powerful at the present day as when it was first discovered by Jenner, and we know of no reason for supposing that its influence over the constitution becomes modified by the lapse of time. During the course of ten years, passed at the *Vaccine Institution* at Berlin, Dr. EBERMAIER has vaccined more than 6,000 children, and never saw any reason for supposing that the virus, which was constantly taken from arm to arm, had lost any of the qualities which are usually attributed to it. His report is recorded in the *Berlin Medical Gazette*, No. 14.

TOBACCO IN GOUT.—A correspondent, who thinks that the medicinal qualities of tobacco have not yet been sufficiently tested, recommends its employment "for the relief and cure of gout, and neuralgic affections, for which it has," he says, "been tried in many places, and in America with decided success. I have known it to give," he adds, "relief in a most obstinate case. Its best form in gout is that of infusion, to be used for the legs as a pediluvium, or, for any other part, in the manner which is most agreeable to the patient, as a bath, or fomentation."

PATHOLOGICAL ANATOMY.—At a late meeting of the *Westminster Medical Society*, Mr. STREETER exhibited a healthy specimen of the medulla oblongata, which was remarkable for having only three bands of decussation, two on the right side, and one on the left. He said that he knew but of one other such cases, which was mentioned by Spurzheim. He thought it would be highly desirable in case of paralysis, whether of the same or of the opposite side, that the state of decussation should be noticed with greater accuracy than generally marks examinations of its structure.

CORRESPONDENTS.

The lines to *Eliza* are not calculated for our pages. Probably, her gratitude to Dr. C***, and his "young friend," can be communicated in a more agreeable manner than that which she has chosen.

A Constant Reader. The fact stated can be ascertained more readily by *viva voce* evidence than by procuring the return specified. The names of persons who supply statements of abuses may be communicated confidentially.

A Reader in the Country.—We believe that a new edition of the Dictionary has lately been published.

H.J.P., Liverpool, must believe that we are well disposed to discuss the topics in THE LANCET, but we reluctantly say in reply to his last note, that he defeats his own purpose, and almost quenches our inclination, by over-taxing our means. For instance, —Monday brings his first long letter; Wednesday another; and the next Monday one more, and Tuesday, another. Want of space excludes the first two in that week's Number. The excess of *four* letters confounds us, and then, through the operation, perhaps, of some such feeling as that which influenced the diamond-merchant, who was unexpectedly told that a thousand precious stones like that which he was about to purchase, were ready for the bazaar, we pause, and the object of our correspondent undesignedly fails. Now, how to avoid this result. Dilute not with excessive repetition of sentences, having each precisely the same meaning; reduce the number of adjectives; and let details of facts supply the place of mere variations of one argument, or the assertion of palpable truths. "What think you of my essays?" said Erasmus. "I would they had been longer," said his friend. "Had I time, they should be shorter." Erasmus was wise.—We cut short our lecture. The advice might easily be lengthened,—with *disadvantage*.

Multum in parvo.—The notice was meant for another person. We cannot undertake to recommend particular books from among the immense mass, or we would be glad to aid our correspondent.

Censor.—We have not the means of drawing up the list, which would, however, be too invidious for publication.

END OF VOL. I.—1836-37.

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